

VOICE CONTAGION: HOW EMPLOYEE VOICE
SPREADS BETWEEN COWORKERS

by

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ABSTRACT

The purpose of this dissertation is to introduce a new aspect of employee voice, namely voice contagion. Voice contagion is a process in which employee voice spreads from a speaker to his or her coworkers. While previous research has done much to elucidate the conditions necessary to enable employees to express voice and the affect such expressions can have on targets of voice, we know surprisingly little about how expressions of voice influence third-party observers. Drawing upon the findings of an inductive study conducted in the hospital setting and previous research on employee voice and behavioral contagion, I develop a grounded model of the voice contagion process. I then implement an experimental design to test one of the emergent voice contagion pathways. More specifically, I test for the influence a speaker's social status has on observers' voice behavior. I conclude the dissertation by discussing the theoretical contributions this research makes to the employee voice, social influence, and citizenship behavior literatures, respectively.

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CHAPTER 1

INTRODUCTION AND THEORETICAL BACKGROUND

In today's knowledge economy, employee voice is a key contributor to an organization's overall effectiveness (Morrison, 2011). Defined as "the discretionary verbal communication of ideas, suggestions, or opinions where the intent is to improve organizational or unit functioning" (Morrison, Wheeler-Smith, & Kamdar, 2011, p. 183), employee voice has interested scholars and practitioners alike for over four decades (Detert & Burris, 2007; Hirschman, 1970; Morrison, 2014; Rusbult, Farrell, Rogers, & Moinous, 1988; Van Dyne & LePine, 1998;).

This consistent interest in employee voice, or "speaking up" (Burris, Detert, & Romney, 2013; Detert & Trevino, 2010; Edmondson, 2003), can be attributed to the benefits it affords both organizations and individuals (Morrison, 2014). For example, research illustrates the positive influence employee voice can have on organizational learning (Edmondson, 1999), performance (Detert, Burris, Howell, & Martin, 2014), and effective decision making (Morrison, 2011). The benefits of employee voice extend to other areas as well. Research has shown that employee voice can benefit the employee who engages in it (Morrison, 2014), leading to better performance evaluations (Van Dyne & LePine, 1998) and also engendering feelings of belongingness for those who offer it (Perlow & Repenning, 2009).

Despite the benefits that result from employee voice, employees are often reluctant to engage in it (Detert & Edmondson, 2011). There is some consensus among voice scholars that employees' reluctance to engage in voice is usually a result of either feelings of futility or fear (Ashford, Rothbard, Piderit, & Dutton, 1998; Detert & Burris, 2007; Detert & Edmondson, 2011; Detert & Trevino, 2010; Milliken, Morrison, & Hewlin, 2003; Morrison, 2014; Morrison & Milliken, 2000). The opportunity to speak up can seem futile when employees doubt either their ability to communicate ideas or a target's ability to act upon ideas that are communicated (Detert & Trevino, 2010). As Detert and Trevino (2010) discovered, employees will often bypass expressing voice to their direct boss or supervisor and instead speak up to their boss's supervisor because those individuals are perceived to have the ability to act upon ideas. Furthermore, in a recent field study, McLean, Burris, and Detert (2013) found that when managers signaled openness to voice and the ability to act upon it, employee voice was more likely. This was due in part because these signals made voice seem efficacious for change. In short, when employees feel that speaking up is not futile and can affect change, voice is more likely to be expressed.

In addition to futility, voice can also evoke feelings of fear (Detert & Edmondson, 2011; Kish-Gephart, Detert, Van Dyne, & Edmondson, 2009; Milliken, Morrison, & Hewlin, 2003). Employees may be afraid of expressing voice or afraid of the outcomes that can result from voice. In fact, the fear so often associated with voice can even become habitual or automatic (Kish-Gephart, Detert, Trevino, & Edmondson, 2009). For instance, employee voice can be influenced by implicit theories of self-censorship that unconsciously perpetuate fear of voice (Detert & Edmondson, 2011). Moreover, the

negative repercussions that may result from voice are usually immediate while the rewards of voice are often slow to develop (Greenberg & Edwards, 2009). Because of these dynamics, the potential benefits of giving voice may be crowded out by the more individual and immediate fears of social isolation, embarrassment, or negative career consequences (Detert & Edmondson, 2011; Milliken et al., 2003).

When feelings of futility and fear become normalized, silence becomes routine and individuals and organizations suffer (Morrison & Milliken, 2000). As Perlow and Williams (2003) have noted, “all too often, behind failed products, broken processes, and mistaken decisions are people who chose to hold their tongues rather than to speak up” (p. 53). Such failures have motivated practitioners and scholars alike to identify the factors that promote employee voice.

A growing body of research therefore examines ways in which the futility and fear associated with employee voice can be overcome (Nehmbard & Edmondson, 2006; Morrison, 2014). For example, research demonstrates that a climate of psychological safety, characterized by a shared perception that an environment is safe to take interpersonal risks, can lessen the influence of fear and motivate employees to speak up (Liang, Farh, & Farh, 2012). In other words, when units have high levels of psychological safety, the fear and uncertainty so often associated with the prospect of speaking up is lessened. Research has also shown how inclusive styles of leadership, such as managerial openness, play a significant role in increasing the likelihood of employee voice (Detert & Burris, 2007). Additionally, research has found that employee characteristics matter, such that some are more likely to choose voice over silence, even in the face of fear, when they are more extroverted and conscientious (LePine & Van

Dyne, 2001).

While research exploring the antecedents of voice has progressively grown, the primary focus of such research has been on characteristics of speakers and targets. In contrast, research examining the influence of the social context of employee voice has been limited. More specifically, the influence of coworkers in the voice process has gone unexplored. Voice episodes always involve a speaker and at least one target, but very often also include observers who witness a speaker expressing voice. Furthermore, employees may become aware of another's voice through storytelling or other workplace conversations. However, surprisingly little research has explored how observers or other coworkers influence and are influenced by their coworker's voice. For instance, it is unclear if a coworker's own voice can motivate or prompt a focal observer to also express voice.

Other domains of research outside the voice literature, such as scholarship on justice, trust, whistleblowing, and negotiation, acknowledge and study the important influence third party coworkers can have on social phenomena (Arnold & O'Connor, 1999; Ferrin, Dirks, & Shah, 2006; Skarlicki & Rupp, 2010). In a similar vein, research on unethical behavior has explored how coworkers can pull others "moral compass" away from acting ethically (Moore & Gino, 2013). Moreover, research on job design has argued that the attitudes and behavior of employees are influenced to a large degree by the attitudes and behavior of their coworkers (Salancik & Pfeffer, 1978). The influence of coworkers can be especially pronounced when employees are faced with uncertain or ambiguous circumstances. In these circumstances, individuals will often look to the behavior of others to compare, evaluate, and guide their own course of action (Cialdini,

1999; Festinger, 1954). Social comparison theory, for example, explains how “the act of perceiving another person’s behavior [can] create a tendency to behave similarly oneself” (Chartrand & Bargh, 1999, p. 813).

When applied to employee voice, social comparison theory may help explore several characteristics of voice phenomena. Because the prospect of speaking up can be fearful and uncertain, employees may look to the behavior of their coworkers to determine whether or not to engage in it. Therefore, when a focal employee observes a coworker speak up, voice can spread, making a focal employee more likely to voice. In this way, a phenomenon I define as voice contagion can occur.

The word contagion comes from the Latin word *contingere*, which means, “to have contact with” (“Contagion,” n.d., para. 6). Contagion has been defined as “an influence that spreads rapidly”, or “transmission . . . by direct or indirect contact” (“Contagion,” n.d., para. 4). Predominantly used in medicine, contagion is a term that describes the process through which pathogens are transmitted from one patient to another. However, contagion is also a useful term to describe the way in which social behavior spreads to others. Social psychologists have argued that contagion occurs when “a recipient's behavior” is “changed to become ‘more like’ that of an actor or initiator” (Polansky, Lippitt, & Redl, 1950, p. 322).

Drawing upon these definitions of contagion, I define voice contagion as a process in which an actor’s voice behavior spreads to observers, who are then more likely to express voice. This definition encompasses instances where expressions of voice spread spontaneously without any overt intent as well as instances where direct intent to influence others’ voice behavior is communicated. In exploring the concept of voice

contagion, this research proceeds to address the following questions, “Is employee voice contagious?” and if so, “How does employee voice spread to others?”

The rest of this dissertation unfolds as follows: first, I further review previous research on employee voice and contagion to highlight gaps in our understanding of voice contagion with specific reference to the role of the social context in voice behavior. Next, I present an inductive field study conducted in the hospital setting in which I explore voice contagion. After presenting the findings of this study, I then explain the hypotheses and methods of a series scenario studies implemented to test one of the pathways through which voice contagion occurs. Lastly, I present the findings of this study and discuss its theoretical and practical implications.

Employee Voice Is Difficult to Offer

As previously stated, the central argument of this research is that when an employee chooses to engage in voice, their voice behavior can spread to observers. In order to better understand the process of voice contagion, it is necessary to further explore research on employee voice. In doing this, I do not exhaustively review the literature, but rather selectively explore the findings most relevant to the concept of voice contagion. I begin by reviewing the roots of employee voice research and why voice is often difficult for employees to offer.

Modern research on employee voice began with Hirschman’s (1970) work on employee responses to dissatisfaction. He argued that employees would respond to dissatisfaction in their organizations through either exit or voice. Rusbult and colleagues (1988) empirically explored and extended Hirschman’s (1970) work, arguing that the

likelihood an employee would choose voice over exit depended upon their level of investment in the organization, their job satisfaction, and the availability of job alternatives (Rusbult et al., 1988). Later, as research on organizational citizenship behavior (OCB) began to emerge, voice was included as an important type of OCB.

OCB is defined as intentional employee behavior that “supports the social and psychological environment in which task performance takes place” (Organ, 1997, p. 95). OCB has been distinguished along two continua: (1) whether the behavior is likely to preserve relationships at work (affiliative) or put them at risk (challenging), and (2) whether the behavior promotes change to occur (promotive) or prevents change from occurring (prohibitive) (Van Dyne, Cummings, & Parks, 1995). Drawing upon this typology, voice has been conceptualized as an OCB that is promotive and usually challenging in nature (Burris et al., 2008; Van Dyne et al., 1995). As a challenging OCB, voice can be difficult for supervisors and managers to prescribe or oversee.

Although it is difficult to incorporate the elicitation, measurement, and reward of voice into management practice, scholars have shown consistent interest in voice because it is recognized to serve essential functions in organizational life (Burke & Cooper, 2013; Greenberg & Edwards, 2009). For example, effective decision making, error detection, innovation, and learning are just some of the processes to which employee voice contributes (Argyris & Schon, 1978; Detert & Edmondson, 2011; Grant, 2013; Liang et al., 2012). Furthermore, the potential benefits of the processes that voice facilitates have become more important over time, as organizations have developed greater reliance on them to sustain their competitive advantage (Garvin, Edmondson, & Gino, 2008).

Despite its importance, however, voice remains a difficult behavior for employees

to engage in. For example, in a field study Milliken, Morrison, and Hewlin (2003) interviewed employees across a range of industries and found that more than three quarters of their sample were fearful of expressing voice. One informant the authors interviewed summed up his experience when he recounted, “I raised a concern about some policies and I was told to shut up and that I was becoming a troublemaker. I would have pursued [the issue] further but presently I can't afford to risk my job” (Millken, Morrison, & Hewlin, 2003, p. 1453). Findings such as these corroborate more recent research conducted by Detert and Trevino (2010), who found that almost half of the employees they interviewed in the high tech industry described withholding pertinent information from others because they were fearful of the consequences. In another study, Detert and Edmondson (2011) identified five implicit theories that employees hold that make voice difficult. For example, one of the theories that employees often use is that they should not speak up about ideas to their boss in a public setting because it might embarrass him or her. Another implicit theory that employees often ascribe to is that “speaking up . . . sets you up for retribution by those above you” (Detert & Edmondson, 2011, p. 488). Taken together, the voice literature suggests an inherent tension that exists for employees: voice is beneficial for organizations and yet often employees do not feel able or safe to offer voice (Morrison, 2014). Understanding how employees are able to resolve this tension then is of utmost importance.

Employee Voice Is Social in Nature

Very little is known about how social context influences employee voice. The limited attention scholars have paid to the social context of voice has focused primarily

upon how general group climates influence individual voice behavior (Morrison, Wheeler-Smith, & Kamdar, 2011; Tangirala & Ramanujam, 2008; Walumbwa, Morrison, & Christensen, 2012). For instance, Morrison and colleagues (2011) examined how collectively held beliefs, termed “group voice climate,” influenced the amount of voice an individual offered in their group. Consistent with their hypotheses, the authors found that group voice climate, defined as “a shared belief [that] . . . speaking up is safe . . . and [that] group members are able to [do it] effectively” (p. 184), was predictive of voice above and beyond individual antecedents, such as personal identification and satisfaction. Similarly, another group of scholars found that a group’s procedural justice climate, defined as “a group level cognition held by [group] members . . . about the procedural justice of organizational authorities” (Tangirala & Ramanujan, 2008, p. 43), was an important precursor of speaking up. When the procedural justice climate was high, or in other words when employees felt that organizational decisions took their input into account, they were more likely to speak up (Tangirala & Ramanujan, 2008). Similarly, research on issue selling explores the social context of voice by arguing that before choosing to engage in voice employee’s will “read the wind” before actually speaking up (Dutton, Ashford, Wierba, O’Neill, & Hayes, 1997). More recent work takes this a step further by demonstrating that employees will attend to the cues from their peer’s mood, as a signal about whether or not to speak up (Liu, Tangirala, Lam, Chen, Jia, & Huang, 2015).

These studies begin to demonstrate that the social context of voice matters. However, these studies do not account for the multiple perspectives of voice episodes that can exist. For example, the social nature of voice creates a circumstance wherein a

speaker's perspective, a target's perspective, and an observer's perspective can all exist for the same voice episode (Morrison, 2011). To date, research on voice has largely focused on voice from the perspective of the speaker (LePine & Van Dyne, 2001) and more recently on the perspective of the target (Fast, Burris, & Bartel, 2014). However, no research has examined the influence and perspective of observers in voice episodes.

Furthermore, previous work that has examined the social context has done so by asking employees to rate the justice or voice climate as a global variable or construct, deliberately removed from specific voice episodes (Morrison et al., 2011; Tangirala & Ramanujan, 2008). In doing so, these studies suggest that the social context of voice involves the attitudes, beliefs, and behavior of observers. However, these studies do not explicitly capture the observers' role in employee voice or the observers' perspective. In this way, this previous work suggests that observers influence and are influenced by employee voice, but it is unclear in what specific ways they wield their influence. This is an important thing to consider, as very often, observers may be influenced or respond quite differently to a particular voice episode than the speaker or target. In sum, although research has begun to develop understanding of the social context of voice and in particular the role of observers in voice episodes, open questions still remain.

Employee Voice Is Contagious

As a result of witnessing a speaker express voice, one way observers may be influenced is to express voice themselves through a process of voice contagion. As this process unfolds, I contend that voice behavior can “spread” or be “transmitted” to others. This process can occur both directly and indirectly. For example, an employee may

personally witness a coworker speak up about an issue and this voice behavior can spread to the employee. In this example, voice contagion would occur directly from a speaker to an observer. On the other hand, an employee may learn about an instance in which a coworker engaged in voice through storytelling or in conversations at work. After hearing about an instance of another person's voice behavior, this employee may also be more likely to express voice. In this circumstance, voice contagion would spread from one employee to another indirectly. Previous research on contagion lends support to the idea that voice can be contagious.

Beginning in the 1950s, the systematic study of contagion tried to account for the almost spontaneous way in which social acts are imitated (Grosser, Polansky, & Lippitt, 1951; Polansky, Lippitt, & Redl, 1950). Conducted both in the laboratory and in the field, research found that aggression, disruptive behavior, and game playing often became contagious (Wheeler, 1966). For example, in one study, an experimenter told children that they could not play with a subset of certain toys taken from a larger collection of toys. In one condition, a confederate would then play with the forbidden toys. Results revealed that children exposed to this transgression were subsequently more likely to play with forbidden toys (Grosser, Polansky, & Lippitt, 1951). In a similar study, experimenters put Army recruits in a waiting room with darts and shuffleboard games along with magazines (Wheeler, Smith, & Murphy, 1964). The experimenter then told the recruits that they could read magazines while they waited. They were not told anything about the dart or shuffleboard games. In one condition, a confederate would begin playing with the different games. In this scenario, contagion occurred when the subjects who witnessed the games being played were more likely to also play with the games

(Wheeler et al., 1964).

As research on contagion grew, it moved from exploring how behaviors spread from person to person to examining how emotions spread from one person to another (Barsade, 2002; Hatfield, Cacioppo, & Rapson, 1994; Kelly & Barsade, 2001). Defined as a “process in which a person . . . influences the emotions . . . of another person . . . through the conscious or unconscious induction of emotion states” (Schoenewolf, 1990, p. 50), emotional or mood contagion has been shown to unfold in a variety of different contexts. For example, researchers have explored the process among leaders and their followers (Johnson, 2008; Johnson, 2009), between entrepreneurs and their employees (Cardon, 2008), between service employees and their customers (Pugh, 2001), and among group members (Barsade, 2002). In these different contexts, emotional contagion is a process that occurs consciously through perspective taking (Hawk, Fisher, & Van Kleef, 2011; Pugh, 2001) and or unconsciously through mimicry (Chartrand & Larkin, 2012; Hatfield et al., 1994; Johnson, 2008). While emotional contagion can occur in a variety of different settings, previous research has found that it is more likely to occur when high activation emotions like anger, anxiety, and frustration are involved (Bartel & Saaverda, 2000) and when negative as opposed to positive emotions are activated (Joiner, 1994). For example, in an ethnography of orchestra musicians, Maitlis and Ozcelik (2004) found that when individuals observed their fellow musicians experience threatening events like being fired, the negative emotions of anger and fear spread to others. When this occurred, a toxic decision-making process was perpetuated within the organization (Maitlis & Ozcelik, 2004). While emotional contagion shares many of the same features as behavioral or cognitive contagion (Barsade, 2002), it is different in one

important respect: verbal or other overt behaviors do not spread, rather it is unspoken nonverbal feelings that spread between individuals.

In conjunction with research on contagion, research on conformity also sheds light on the idea of voice contagion. For example, in a series of experiments, Asch (1951; 1955) explored how naïve participants responded to pressures of conformity. In these studies, Asch pitted a person's perceptions of line lengths against their desire to behave similarly to others in a group. In most variations of this study, he found that about one-third of subjects would make judgments against their own visual perceptions and conform to the opinions of the group (Asch, 1951). However, in one important variation, Asch found a phenomenon that mirrors principles found in the concept of voice contagion.

In this particular variation, Asch had a confederate consistently make a judgment in opposition of the other confederates (Asch, 1955). When this happened, subjects conformed in 30% fewer cases compared to the first versions of his study. In other words, in this latter variation of the study, only around 10% of participants conformed. Interestingly, this occurred even when the confederate dissenter was not correct in his judgment of line lengths (Asch, 1955). Thus, participants were freed up to make judgments based upon their own visual perceptions as opposed to conforming to the majority when they first witnessed others acting contrary to the group. Allen and Levin (1968) further replicated these findings and found that observing a dissenter offer an opinion different than the majority enabled independent action and reduced conformity. As Aronson (1984) noted, observing another person dissent "exerts a powerful freeing effect" (p. 22) on observers. Put differently, observing someone act independently of the group reduces the inherent conflict subjects feel between their own perceptions and their

desire to behave similarly to the group. This marks an important characteristic of contagion generally and voice contagion particularly.

While Asch's studies (1951) were integral in sparking interest in conformity research, the literature has grown in number and complexity since Asch's classic studies (Cialdini & Goldstein, 2004). While research on conformity is similar and lends support for the idea of voice contagion, important differences exist between the two concepts that should be noted. First, conformity has typically been conceptualized as being motivated by an individual's desire for accuracy, affiliation, or to maintain a positive self-view (Cialdini & Goldstein, 2004) while employee voice, by definition, is motivated not only by self-motives but also by a desire to benefit or change one's organization (Morrison, 2014). Second, in voice contagion, the conflict of whether or not to voice that employees can feel is resolved by a coworker's voice behavior, while in most conformity studies, the actions of others (confederates) create the internal conflict participants feel (Asch, 1956). As Levy (1991) perceptively wrote, "although both . . . contagion and conformity involve behavioral matching, in conformity the individual's conflict is *caused* by other persons, whereas in contagion the individual's conflict is *resolved* by other persons. Thus, conflict reduction is the most distinguishable and defining characteristic of contagion" (p. 470).

For example, imagine a faculty meeting among university professors wherein a delicate issue is being discussed. One faculty member has an idea that she wants to share but feels conflict about doing so because she believes it to be contrary to the feelings of others and thus does not feel safe to speak her mind. However, another faculty member speaks up about the very issue the focal employee wants to express voice about. Observing this coworker voice reduces the conflict that the focal faculty member feels

and thus she expresses voice. In short, as the focal faculty member's intrapersonal conflict is reduced, voice contagion occurs.

More recent research on contagion demonstrates two reasons why a person's voice can free other observers and thus become contagious. First, observing a coworker speak up can send a signal to the observer about the social norms that surround voice. Through this signal of what social norms exist in a given situation, voice can spread because the threat of violating these social norms is reduced. For example, Gino, Ayal, and Ariely (2009) explored how observing the dishonest behavior of others increased the likelihood that one would also behave dishonestly. In one experiment, these authors found that subjects completing math tasks were more likely to take money they did not earn when they first observed a confederate take unearned money. This occurred, the authors argued, because the confederate's behavior signaled a social norm of unethical behavior in the given situation.

When employees encounter situations that evoke fear and uncertainty, they may look to their coworkers' behavior as a guide to determine whether they themselves will voice. Social comparison theory has demonstrated across numerous studies and contexts that in uncertain and fearful situations, individuals "are more likely to use other's actions to decide how they themselves should act" (Cialdini, 2001, p. 119). That is to say, when employees can look to a coworker who voices in the face of fear and uncertainty, their own beliefs about the appropriateness of voice and the uncertainty that may result from it can be reconciled. When an employee chooses to voice, therefore, they exert not only informational influence but also normative influence about the social expectations that surround voice behavior (Cialdini & Goldstein, 2004).

The second reason voice contagion can occur after observing the voice behavior of others is simply because voice is more salient. For instance, in exploring the job search behaviors of coworkers, a group of scholars examined the contagious nature of turnover (Felps et al., 2009). The authors found that voluntary turnover was predicted by the turnover of coworkers above and beyond job satisfaction or organizational commitment at both the individual and group level of analysis. These authors reasoned that when “coworkers [we]re looking for other jobs, it . . . increase[d] the salience . . . of leaving for a focal employee” (Felps et al., 2009, p. 547). In this way, turnover contagion ensued. Similarly, when an employee witnesses a coworker speak up, voice can also become more salient to observers. Because silence is so common in organizations, voice may become forgotten as part of an employee’s behavioral repertoire (Morrison & Milliken, 2000). However, by observing the voice behavior of others, voice can be brought back to an individual’s attention as a potential behavior to engage in. In this manner, observing the voice behavior of others may help employees “perceive more clearly” how voice “could [facilitate] worthy ends in [their] organization” (Worline, Wrzesniewski, & Rafaeli, 2002, p. 302).

An Inductive Qualitative Approach

To begin to explore the construct of voice contagion, I wanted to conduct an investigation grounded in a context in which employee voice commonly and regularly occurs. In this way, voice contagion episodes would be salient to the individuals who work in such a context. In thinking about contexts to study these phenomena, the hospital setting stood out as an ideal environment. Not only is work in hospitals knowledge

intensive, the information gained from front line workers such as nurses is often a key aspect of performance and safety. In essence, employee voice occurs regularly and persistently in hospitals.

By exploring the phenomenon of voice contagion in the hospital setting, I sought to answer the following question: “How does voice contagion occur?” In contemplating the methods I would employ to answer this question, I wanted to use methods that “best fit [my] theoretical question” (Lee, Mitchell, & Sablinski, 1999, p. 164). In thinking about what approach would be best, several characteristics of my research question and the nature of qualitative research led me to conclude that an inductive qualitative approach was appropriate. This type of an approach has been argued to be effective when researchers are “seek[ing] answers to questions that stress *how* social experience is created” (Denzin & Lincoln, 2000, p. 8), rather than only investigating a given outcome, structure, or other static characteristic. In short, inductive qualitative approaches are effective at answering questions of how and why, as opposed to questions of what or when (Lee et al., 1999). In addition to this, five other factors guided my decision to employ an inductive approach for the first study of this dissertation.

First, voice contagion is a phenomenon that involves a dynamic process. In other words, there are several steps and multiple actors involved in voice contagion. At its simplest level, voice contagion consists of at least four steps: (1) A focal employee engages in voice to a target, (2) A coworker becomes aware either directly or indirectly of the voice behavior, (3) The coworker interprets and makes sense of the voice behavior, (4) The observer engages in voice behavior. One can imagine, however, that voice contagion could be even more complex than this if there were multiple targets and more

than one observer in a given voice episode. Because of the nature and overall complexity of voice contagion, I feel that initially using an inductive approach will enable me to capture the essence of voice contagion in a deeper, richer way (Charmaz, 2014).

Secondly, voice contagion involves at least four different perspectives: namely, the speaker's perspective, the target's perspective, the focal observer's perspective, and other observers' perspectives. Due to these varied and different perspectives, I felt it was important to employ a method that could capture these nuances (Maxwell, 2005). The flexible nature of inductive work, therefore, seemed best able to meet this objective (Creswell, 2007).

Third, voice contagion is a new concept. While there has been research conducted in the area of voice and contagion separately, no work has been done to examine voice contagion as its own phenomenon. In this dissertation, therefore, I aimed to develop theory about voice contagion, something that inductive approaches are best suited for (Edmondson & McManus, 2007).

Fourth, I am interested in understanding the personal and individual meaning observers, speakers, and targets attach to the voice contagion process. An inductive approach enables me to explicitly tap into and be directed by the thoughts and feelings that individuals have about voice contagion. As Denzin and Lincoln (2000) argued, it is possible to "get closer to the actor's perspective through detailed interviewing and observations" (p. 10).

Lastly, one of the key contributions I hope to make in my dissertation is to explore the social context of voice through an examination of voice contagion. Inductive qualitative approaches are better able to acknowledge, address, and explore the social

nature of a phenomenon when compared to other approaches. This is due, in part, because such an approach explores a phenomenon in its natural setting (Denzin & Lincoln, 1994) by those who are a part of the social context in which the phenomenon occurs. This was another reason why using an inductive approach to study voice contagion was appropriate.

In the following chapter, I discuss the inductive study I undertook in greater detail. I discuss the field site, the data collection process, the methods of analysis, and the findings that emerged from the study. I then present a grounded model of the voice contagion process.

CHAPTER 2

INDUCTIVE RESEARCH METHODOLOGY

In order to develop theory about how voice spreads from one person to another, I gained access to a 289 bed children's hospital located in the western United States. The hospital setting is an ideal theoretical sample to study voice-related phenomena, as work in hospitals is knowledge intensive and information gained from front line workers is often a key aspect of performance and safety. Because of this, expressions of voice occur there regularly and frequently. Therefore, this context can serve as an extreme case to explore whether or not employee voice can be contagious and if so, under what conditions. In a preliminary conversation with a former CEO of the hospital, I described my research questions and he felt the atmosphere and culture of the hospital would be well suited for this research. After this meeting, I then met with the hospital's Human Resources Director and Operations Director who recommended a particular department in the hospital for this study. At the time this research was undertaken, the department that would serve as my purposive sample was composed of 127 total employees. The department included 90 nurses, 20 health unit coordinators, and 17 nurse technicians. My access to this hospital department was also granted for a different investigation.¹

¹In a previous study, I surveyed employees from one department in this hospital exploring the meaning of employee's work and its influence on workplace communication.

However, upon learning more about the experiences of the nurses in this hospital department and the nature of the nurses' work, it seemed well suited to explore the concept of voice contagion in this research study as well.

As I conversed with the department's managers on my initial site visit, it was apparent the department took pride in creating a work environment that was also a learning environment. In fact, the hospital itself was in the midst of an annual strategic focus on what they called a "no harm" initiative. The initiative involved educational workshops that all employees were required to attend emphasizing the importance of speaking up. The overall environment of the department mirrored physically what was presented verbally; as I walked the halls of the hospital, I immediately became aware of signs and placards on most walls with slogans and statements encouraging learning behavior and speaking up. For example, one sign in a prominent wall in the staff lounge read, "Speak up for Safety."

Data Collection

In order to develop theory about voice contagion, I gathered data using three primary methods: (1) semistructured interviews, (2) unobtrusive observations, and (3) archival data analysis. I conducted interviews with 40 nurses who either responded to an email inviting them to participate in this research study (see Appendix A), or whom I saw during an on-site visit and who agreed to be interviewed when asked. In each of the interviews, I followed an interview protocol (see Appendix B). The interview guide was semistructured, meaning if an interviewee began discussing a topic outside the current interview question and that topic was pertinent to the study, I pursued the interview in

that direction. I began each interview by asking questions about recent experiences employees may have had when they communicated an idea or a suggestion at work. After this initial query, I proceeded to ask questions about instances where the nurses had directly observed someone else speak up or instances where the nurses had heard stories from another coworker about other's expressions of voice. The rest of the interviews were then devoted to asking employees about specific, unique features of these instances to gather further details about each occurrence. For each voice episode, I asked employees questions about the target of their communication, background information about the idea communicated, the content of the idea, how they expressed the idea, and the response that they received. The interviews lasted between 18-61 minutes and were each audio recorded. Each interview was subsequently transcribed verbatim for data analysis.

In addition to the interviews, I observed multiple departmental meetings, charge nurse meetings, and shift handoff meetings. In the departmental meetings, every employee was invited and attendees were brought up to speed on new initiatives the hospital was pursuing, new goals of the department, and were invited to ask questions and relate their opinions about the work environment of the department. Charge nurse meetings involved only charge nurses and the department's management team. In these meetings, managers and charge nurses discussed staffing and scheduling issues and discussed specific training relative to the charge nurses' role. Shift handoff meetings occurred at the beginning of each shift. In these meetings, outgoing nurses had the opportunity to meet with incoming nurses and discuss the needs, progress, and challenges each patient on their pod was facing. These meetings were critical for transferring both

objective and subjective information from nurse to nurse. This enabled the incoming nurses to provide seamless care according to the needs and desires of the patient. Furthermore, I also collected archival data from nursing practitioner articles, organizational charts provided by departmental leaders, documents concerning patient safety initiatives undertaken by the department, departmental role sheets, and other departmental information sheets. Moreover, the observational and archival data assisted me in better understanding the context of this particular hospital department. In this way, the observational and archival data bolstered my ability to interpret the interviews and equipped me to place the interviews in context. After the interviews were conducted and the observational and archival data were collected, the data were analyzed inductively following procedures outlined in previous research and detailed below (Glasser & Strauss, 1967; Miles & Huberman, 1995).

Analysis

In order to analyze the interview data, I followed an iterative process by going and back forth between the data and an emerging theoretical framework of how voice spreads from speakers to observers (Miles & Huberman, 1994; Strauss & Corbin, 1990). One nurse described the process of voice contagion in this way: “When you see somebody that is motivated and cares about what’s going on and speaks up and you believe in that same idea, or you see what’s going on also and you agree, you add your voice and one voice becomes many” (CMU Interview, 8). My analysis of voice contagion occurred in three general coding stages: (1) open coding, (2) axial coding, and (3) selective coding. Open coding is defined as the “process through which concepts are

identified and their properties and dimensions are discovered in data” (Strauss & Corbin, 1998, p. 3) The second coding stage, axial coding, is defined as the process whereby “categories are related to their subcategories, and the relationships [are] tested against data” (Corbin & Strauss, 1990, p. 13). Axial coding, is “termed ‘axial’ because coding occurs around the axis of a category” (Strauss & Corbin, 1998, p. 123). The third coding stage, selective coding is defined as “the process by which all categories are unified around a ‘core’ category, and categories that need further explication are filled-in with descriptive detail” (Corbin & Strauss, 1990, p. 14). It should be noted that while these stages are listed in a sequence, a common characteristic of grounded theory approaches to theory development involves iterating between data and theory in a fashion that is not sequential (Strauss & Corbin, 1998). Therefore, in my analysis of the interviews, I too iterated between theory and data, but for the purposes of this explanation, I talk about the general stages of my analyses as a sequence.

In my analysis, open coding involved dividing data into specific ideas, behaviors, or events (Locke, 2001). For example, my analysis of the interviews for this study involved identifying episodes, that is, every instance an interviewee described observing someone else express voice. In contrast, axial coding involved identifying characteristics that facilitated the spread of voice. For the current research investigation, this involved identifying the unique features in the voice episodes that interviewees described, such as social status, the target’s response, and whether or not the content of the voice expression focused on patients. In the last stage of coding, I combined codes that shared a common feature or could be subsumed under one general category. For example, after the axial coding stage, I had coded competence, tenure, and social respect as facilitating the spread

of voice. In the selective coding stage, I combined these codes into a single category, labeled social status. By following these three stages of coding and analysis, three broad antecedents related to voice contagion emerged. I summarize my general findings from this inductive study in Figure 1.

Findings

As I mentioned earlier, this research study was geared to answer the questions, is employee voice contagious? And if so, how does employee voice spread to others?

Through my inductive exploration, I found evidence that suggests that employee voice is indeed contagious.

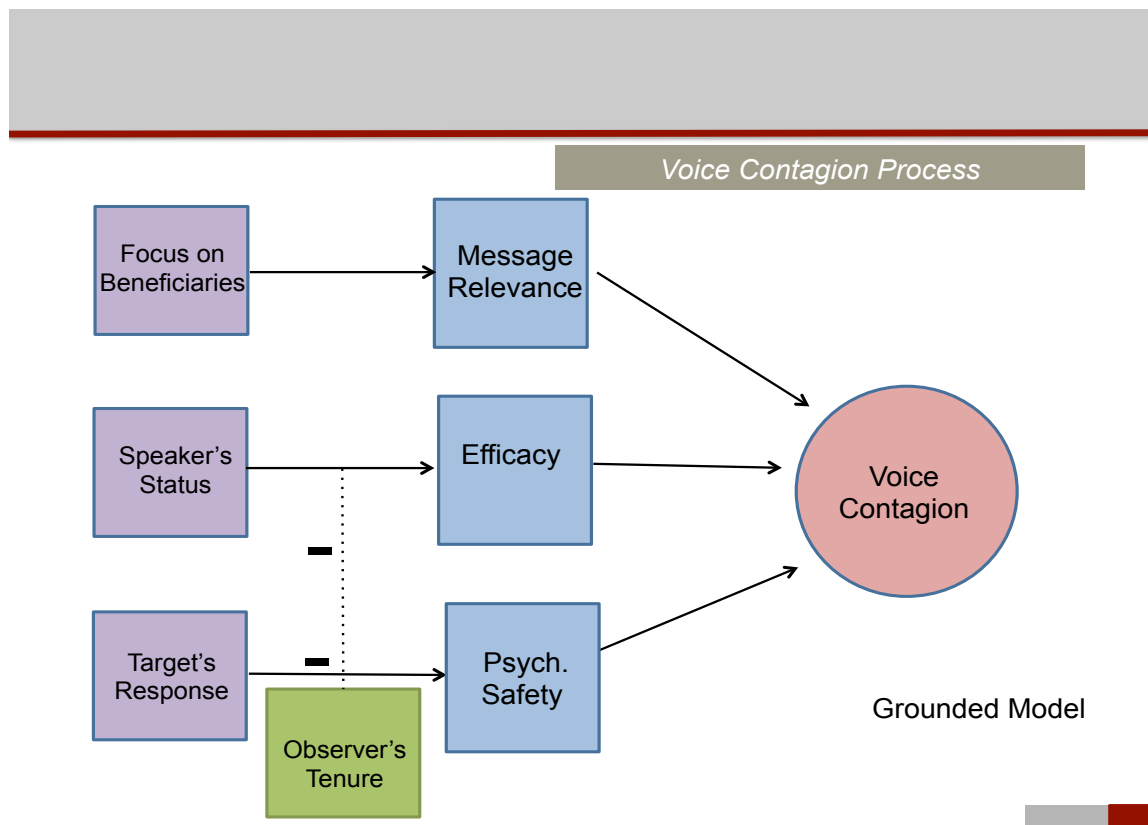


Figure 1. Grounded Model of Voice Contagion

Across each of the interviews I conducted, nurses reported experiences of being motivated to speak up because they had observed coworkers express voice. Typically, three roles were present in every voice contagion episode relayed: (1) a speaker, (2) a target, and (3) an observer. I define a speaker as any person who expressed voice. A target is defined as the recipient of a verbally expressed message. Lastly, an observer is defined as any third-party individual who witnessed a speaker express voice to a target.

In most of the voice contagion episodes the interviewees described, they were in the observer role. One nurse related that observing other nurses express voice often is like “a snowball and you can build up a head of steam by sharing your ideas and actually agreeing or helping each other realize what should be done” (CMU Interview, 8).

Another nurse described how observing coworkers express voice motivated her own voice behavior. She related, “When . . . [coworkers] say something it changes your mind a little bit. Just seeing them encourages me to also speak up” (CMU Interview, 19).

Another nurse put it succinctly when she said observing coworkers express voice “has real value for me” (CMU Interview, 9). Of the 40 interviews I conducted, every nurse reported feeling influenced or motivated to speak up as a result of observing a coworker express voice. And in 36 of the 40 interviews, nurses provided a description of a voice contagion episode.

As mentioned earlier, voice contagion was most often described as occurring indirectly. That is, observers typically described voice spreading to them without a speaker’s direct solicitation. However, there were experiences that nurses reported where voice contagion did occur directly, occasions where a speaker directly asked an observer to express voice. For example, one employee reported just such an experience: “We had

just had a discussion amongst the charge nurses as to who we felt should be hired and who should not be hired. I was encouraged to speak up by another nurse that knew of my experience with one of the staff members. She first voiced her concerns and then encouraged me to voice my own concerns” (CMU Interview, 30). In this episode, voice spread not only because an observer witnessed the voice behavior of her coworker, but also because her coworker directly solicited her to also express voice.

To summarize: in my data, employee voice was described as a behavior that can spread between coworkers. Additionally, the data suggest that voice contagion can occur both directly and indirectly. While the data clearly suggest that voice contagion occurs, it was not clear initially what factors facilitated the spread of voice. However, my intent in conducting this research was not only to answer the question of whether or not employee voice could be contagious, but also to begin to develop understanding around the conditions under which voice contagion would occur. As the number of interviews I conducted accumulated, patterns of how employee voice became contagious began to emerge. After careful analysis of the 40 interviews and my own observations, I identified three broad antecedents that seemed to motivate the spread of employee voice: (1) content focused on workplace beneficiaries, (2) a target’s response, and (3) a speaker’s social status. Representative quotes of my findings can be found in Table 1. In the following pages, I present the general findings about each of the major antecedents of voice contagion.

Table 1. Summary of Findings

Content Focused on Beneficiaries

“Any time I see anybody speak up in any case it always makes me feel a little bit stronger and especially when it ends well you know but the most important thing is not your personal feelings and it is not what position you hold, *it's the patient and in a long run if you helped that patient and everything else does not matter* you have to bring out and don't get upset, you just need to do it” (CMU, 6).

“Especially with the initiative that we have going, I feel like voice is spreading because we are focused and want to make sure our *patients* are safe” (CMU 20).

“Mostly it's the care of the *patient* I mean other things can be handled. Differences can be handled but as soon as the *care of the patient gets in the way that's what really fires me up*. You know, that's where it's like okay, no you are putting my patient at risk and I am sitting at that bedside with them like I am not going to fool around with this” (CMU, 19).

“This nurse . . . just went that extra mile of seeing the doctors and helping them to understand the importance of repositioning their patients to explain in detail to them about you know, skin lesions and how fast we need to reposition the patients . . . seeing her numerous times speak out for her patients, or to say wait a minute, I felt like she is very much respected on the unit. And that she literally takes . . . her patient's safety and wellbeing as her top priority” (CMU, 5).

“She was *concerned for the patient*. She recognized the symptoms and knew something was wrong and she spoke up about it and she wasn't afraid to *keep pushing for the patient*. Because several times she got denied. . . But she was persistent about it, like ‘no something is wrong and something has got to be done’” (CMU, 18).

Speaker's Status

“When I was orienting there was one nurse in particular, a *very senior nurse* that was not afraid to speak her mind. I think it's due to her that I was able to not be afraid to speak up and express my own voice, because no matter the situation, no matter what was going on, . . . This nurse was so good at validating . . . concerns and making sure that people above like doctors came in . . . and heard about concerns” (CMU, 21).

“Is it somebody that . . . has *a lot of experience* and that you want to be more like them in your practice. But I think even with our new nurses, because they've *learned things that I haven't learned*, that when I see them speak up about something I'm like, “Oh you know what, that's probably something that's based on evidence that I don't know about, and I need to do that too” (CMU, 20).

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“That's the first thing that popped in my head when I think about “motivation”. It's hearing nurses that are *senior to me...*” (CMU, 26).

“I realized if I'm thrown into the same situation I need to be like her and speak up . . . [because]

Table 1. Continued

Speaker's Status

she's super senior and very, very experienced and she knows what she's doing" (CMU, 26).

"There are *those nurses* on the unit where we are all like wow. *They know their stuff* and I want to be them. So *if they* would say something it would probably change my mind a little bit. It probably would encourage me" (CMU, 19).

Target's Response

"So she spoke up to management, voiced her concerns. I'm not quite sure what management said, or maybe she just didn't feel like management took her concern seriously, so she ended up going even higher . . . the chief nurse officer . . . and when she went she went in with a plan of how things could be done better . . . *her voice was heard*. After hearing the story, it made me realize we can go up to chain of command and we can voice our concerns that was something that inspired me" (CMU, 21).

"The nurse that was on the pod with me . . . reiterated the concerns that the parents had . . . I felt like since I wasn't the first person to speak out . . . it would be less painful for me . . . [*our manager's response*] was *very positive* and even when she said it, [our manager] had stated that her opinion was also the overwhelming opinion of the majority of the other nurses that are on staff" (CMU, 3).

"If it would have been a story where people just voiced their concerns and *nothing happened* or whatever then I would want to not speak up because I would feel like my concerns wouldn't be heard anyway, they wouldn't matter. But since *she actually was heard*, it did make me want to speak up more" (CMU, 21).

"I think we do have a culture where on our unit where you can speak up without fear of retribution. It hasn't always been that way but it is now so we feel like if we need to say something, we could. When I first started here, I felt . . . like I shouldn't say anything or I couldn't say anything and nothing was going to change even if I did. But [*our manager's responses to our suggestions*] have *really proven that not to be true*" (CMU, 3).

"Well if I were to speak up now I feel like I'm heard, I feel like I can do so without being afraid that somebody is going to... you know "put the knife in my back" . . . Now it feels like everybody is on an even playing field and there's no, you know real threat of saying something . . . when you go and talk to somebody . . . *they don't take offense to it and they'll even ask you to go in with them and help them with the next procedure*" (CMU, 3).

Observer's Tenure

"There was *a new nurse, like a super new nurse* who – I think this was her first continuous albuterol patient. Her patient was really right next door to me and the same thing was happening to her. So, throughout the night I had been paying attention to her because she had never had this type of patient and so she was asking me questions and everything and so I told her upfront, I was like before the RT goes in that room you need to call the doctors and get them here she was like okay. And so then she called the doctor and then RT came" (CMU, 19).

"I was *orienting a new nurse*, and the doctors had written for an ultrasound. So ultrasound called and said, 'Why are we doing this? This doesn't make sense.' So I talked with the nurse and the charge nurse and we were like, 'No, this isn't appropriate. This is what we need to do, we need to figure this out,' and so then we could work together and figure out what the patient actually needed. But it wasn't just, 'Oh yeah, we're going to send the patient down because the doctor ordered it,' it was, 'No, what's best for the

Table 1. Continued

Observer's Tenure

patient" (CMU, 13).

"I actually did my *orientation on this unit . . . and my preceptor . . .* she was always like, she didn't care, who it was, like if she didn't feel comfortable about something [concerning a patient], she always spoke up. So I don't know, I appreciated that and that's what I always think of when I think about whether I should say something" (CMU, 11).

"The older nurses because they have more experience, I look up to them more, and they also will . . . speak out if there is something wrong, they will say it. *Because I've only been a nurse for a year*, and there are others that have been a nurse for like 20" (CMU, 33).

"*I'm orienting right now*, so I was with Gretchen, and she's really good at advocating for her patients and speaking up and saying what's on her mind . . . her patient had just had labs drawn . . . so she paged the team and they had a little discussion . . . and she was able to save her patient that super anxious moment" (CMU, 31).

Message Relevance

"I had heard one other nurse say that in the past services regarding patients getting bowel clean-out . . . that when you go up higher than 400 ml patients would just start to vomit. It would just be too much volume. So I had seen one of the other nurses speak up to a doctor previously about this saying, I know this is what the order says, but I'm not doing it. I don't think it's safe, *I don't feel comfortable doing it for my patient . . .* Now I feel the same way because I've seen it too" (CMU, 11).

"It was a very good, interesting story . . . [because] we were *attached to the patient*" (CMU, 26).

"We just had a patient when I was charging, and another nurse spoke up to the doctors . . . the patient's tongue was swollen, she was having like an autoimmune reaction, but the doctor was really slow to come check the patient . . . so, she paged her again; and then we kind of had to walk the doctor through like what she is going to do, and the patient went down. When I saw that, *it reminds me* [of my purpose] it's *like a test*" (CMU, 25).

"I think more about specific people that I know. These nurses always speak up and they *always are advocating for their patient*" (CMU, 23).

"If you really feel strongly about something, there's a reason . . . because as nurses we see the patients all day, so it's easier for us to see things. Like if we get here and they're honorary and then like six hours later, they're needing a little oxygen, we know something is not right. We see that change in the patients, so it's . . . really important and she showed that. She showed that *it is important to speak up because it's for our patients*" (CMU, 11).

Focus on Beneficiaries

One of the antecedent characteristics that nurses described as influencing the spread of voice was whether or not a speaker's expression of voice was focused on the beneficiaries of their work. I define "content focused on beneficiaries" as voice expressions that mention the individual who directly benefits from a speaker's work. Among the nurses interviewed, the beneficiaries were almost always the nurse's patients. For example, one nurse described how seeing her coworker speak up was motivating because, as she said, her fellow nurse "fights for her patients all the time, [especially] when she thinks things aren't going the way that they're supposed to be done" (CMU Interview, 9). Another nurse similarly stated, "What stood out and motivated me was she just knew something was wrong, and even though she wasn't getting the answer she wanted, nonetheless she stood by her patient. I saw it. She didn't even leave the room because she was so worried about the kid and focused all her attention on him" (CMU Interview, 8). In another episode, a nurse that I interviewed described how coworkers' expressions of voice had the potential to be contagious when they were in her words, "valid" (CMU Interview, 30). I then asked her what makes an expression of voice valid. She responded in one word: "Patients" (CMU Interview, 30).

Additionally, nurses routinely characterized their nursing role as being an advocate for patients. This idea of being an advocate was frequently mentioned as motivating observers of voice expressions. A nurse shared, "Yesterday . . . I was with [a coworker], and she's really good at advocating for her patients and speaking up . . . I wish I could be more like that" (CMU Interview, 31). The nurse then went on to describe an episode in which her coworker spoke up for her patient. She said:

The patient had just gotten labs drawn so she'd gotten poked a couple of hours ago, and then they came by and wrote for some more labs to be done in the afternoon sometime. And she just didn't think it was super necessary for those to be done right then when she was getting labs the next morning. So she paged the team and was talking to them on the phone and was like, "These don't seem like super critical labs that need to be done right now, so if we can save my patient a poke, these don't need to be done right now we can save our patient the trauma, and just do it with the other ones that we're doing in the morning. So let's do that. (CMU Interview, 31)

Often nurses reported that when they did observe their fellow nurses express voice, especially when acting as an advocate, nurses were often quite bold in their patient's behalf. For example, one nurse related, "The nurse, she looked at the doctor and said 'No. She is going to the PICU now. We do not have the staff here to make sure this girl does not crash; you are going to take her' . . . and I was really impressed with that . . . And now I will speak up if I do not feel like something is right for my patient" (CMU Interview, 34). Taken together, the data suggest that when nurses observed or heard about expressions of voice that were made in behalf of patients, they described feeling more motivated to speak up themselves as a result.

The data also indicated that a speaker's focus on beneficiaries influenced observers, at least in part, because their expressions were relevant to observers, especially when they were focused on patients. For example, one nurse in describing a voice contagion episode in which she was motivated by observing another nurse speak up. She stated, "She showed me that it is important to speak up because it is for our patients" (CMU, 11). Similarly, another nurse described how a focus on patients motivated him to express voice even though he was normally not talkative. He said, "I'm not opposed to speaking up, but I'm usually quiet. But when it comes to a patient's safety or a patient's health, or being an advocate, I have no problems speaking out to a doctor or to another

nurse” (CMU Interview, 8). Moreover, in relating how observing other nurses advocate for patients drove her to speak up, one nurse shared how such situations make her feel. She shared simply, “I will speak up. I cannot abstain” (CMU Interview, 34).

Throughout the interviews I conducted, each time an observer recalled observing a speaker express voice that was focused on patients, nurses deemed it as being directly relevant to them. The extant literature on social comparison theory is also consistent with this finding from the interview data. For example, research has found that individuals make social comparisons when another’s behavior is deemed relevant (Major, Testa, & Bylsma, 1991). Relevance is driven in part by a sense of similarity and common purpose (Brewer & Gardner, 1996). In the nursing context, when speakers’ expressions of voice were focused on patients, observers were in a way drawn in and linked to the expressions more compared to expressions that did not concern patients. The observers seemed to relate more to speakers’ messages because helping patients was a common purpose that all the nurses shared. In other words, when expressions of voice were focused on patients, nurses’ perceived the message as being directly relevant to their self-view of being an advocate for patients. As Lockwood and Kunda (1997) wrote, “relevance, like psychological closeness, can serve to increase the correspondence between the self and [others]” (p. 93). In short, witnessing voice episodes that were patient focused seemed to facilitate the spread of voice. When nurses advocated for patients, observing coworkers were more likely to engage in voice as a result because they saw the expression of voice as being directly relevant to them.

Target's Response

In addition to a focus on beneficiaries, nurses also described how a target's response to an expression of voice often facilitated voice contagion. I define a "target's response" as verbal recognition and or actions taken in response to voice expressions. One nurse described how hearing a story of a coworker speak up would have been demotivating to her, had the doctors not responded to the coworker's idea. She stated, "If it would have been a story where people just voiced their concerns but nothing happened or whatever, then I would not want to speak up as a result because I would feel like my concerns wouldn't be heard anyway; they wouldn't matter" (CMU Interview, 21). The interview data also suggested that a target's response seemed to exert its influence because through observers' perceptions of how safe a given environment really was. For example, upon observing a coworker speak up, one nurse stated, "When I first started working here, calling the attending was like, 'Don't do it. They're scary, you'll get in trouble,' and those sorts of things. But not now. Not after seeing others do it" (CMU Interview, 13). Another nurse expressed sentiments akin to this after describing observing a fellow nurse speak up to her manager. She stated, "After hearing this story and how it ended, I realized we can go up the chain of command and we can voice our concerns. But also if I ever have a concern that I can't just go in and just complain. I need to have a plan behind it. Because it seems like she was listened to better by coming in and saying, 'Here are ways that I think this scheduling can be handled better.' So that was something that inspired me because she was listened to" (CMU Interview, 14). Similarly, another nurse reported, "I was a tech here before, so I've seen some interactions between nurses and doctors, and sometimes they don't take their advice. Which is fine, they're the doctors

and if they have a reason for doing it. But to see how this whole particular thing played out and the fact that they did listen to her, that was a big motivator for me” (CMU Interview, 31).

As the foregoing suggests, when targets responded positively to a coworker’s expressions of voice, observers perceived their work environment as a safe place to express voice. Consequently, observers described feeling a greater willingness to express voice themselves. In this way, the spread of voice from speakers to observers was influenced by a target’s response.

Status of the Speaker

The third antecedent suggested by the data that facilitated the spread of voice was a speaker’s status. Drawing upon previous research, I define a “speaker’s status” as the amount of social respect a speaker is accorded by observers (Magee & Galinsky, 2008). In describing how one particular nurse’s status influenced observers’ willingness to express voice, a nurse stated, “The nurse I am thinking of is higher status and people go to her because she knows a lot, she’s been here a long time” (CMU Interview, 30). Another nurse described why a speaker’s voice expressions were motivating. She stated, “She’s been here, what, seven or eight years. . . so just knowing the confidence that she has in herself and her knowledge to just be able to take her stand and say what she thinks is right. . . she has status and people think highly of her . . . all of that made her more motivating” (CMU Interview, 31). In another instance, a nurse described how the status of a speaker influenced her. “So for her particularly, she has a very confident way in which she cares for her patients. But I think that it goes back even further than that, it

goes back even to the fact that she is well educated . . . so because I see that in her . . . it makes me more likely to follow” (CMU Interview, 4). When another nurse was asked about the characteristics of the individuals whose voice expressions motivated her, she related, “even if I haven’t had the same experience when I see them saying something I believe it more. There just are certain people that seem to know everything. I know they don’t know everything. But it seems like they know everything . . . It’s those nurses that you just . . . respect” (CMU Interview, 19).

The interview data also suggested a potential mechanism through which a speaker’s status could influence an observer’s willingness to express voice. The potential mechanism the data suggested that could drive the relationship between status and an observer’s willingness to express voice was efficacy. Self-efficacy has been defined simply as “peoples’ beliefs in their capabilities” (Bandura, 2013, p. 147), or as the expectation that “they can successfully execute behavior required to produce [a desired] outcome” (Bandura, 1977, p. 192). Efficacy beliefs are task specific as opposed to being a global evaluation of oneself (Bandura & Locke, 2003). In this paper, I draw upon these components to define voice efficacy as an employee’s belief that they have the capability to express voice to others. In describing how one of her fellow nurse’s expressions of voice influenced her, one nurse noted, “Seeing her speak up motivated me and *gave me confidence because she is well respected* and has been around” (CMU Interview, 25). Another nurse expressed a similar sentiment when she said, “There are those nurses on the unit who we are like, wow. They really know their stuff and *you want to be like them*. When they say something it changes your mind a little bit. Just *seeing them would encourage me* to also speak up” (CMU Interview, 19). In short, the interviews revealed

that status could influence an observer's own willingness to express voice because it can increase observer's own feelings of efficacy. Or in other words, the status of a speaker seemed to influence observer's belief that they could or had the ability to express voice.

Across the interviews, the level of admiration and respect that observers had for speakers appeared to heavily impact whether or not a speaker's expressions of voice would influence an observer's own willingness to speak up. Furthermore, voice efficacy emerged from the data as driving the affect that status had on observer's willingness to express voice. In sum, a speaker's status appears to influence whether or not voice spreads between coworkers.

Tenure of Observers

Another factor that influenced the spread of employee voice was observers' tenure. The data revealed that observers were more susceptible to the voice contagion process when they were newcomers to their organization. Interviewees consistently related voice contagion episodes that occurred within their first year of working as a nurse. In one interview, for example, one nurse indicated that observing another nurse express voice early in her tenure at the hospital influences her still to this day because as she said, "I was still a relatively new employee at that time . . . that experience has been a motivation for me to be more willing to speak up [ever since]" (CMU, 29).

Another nurse related a similar feeling, namely that voice was especially contagious during her first few months at the hospital. She stated, "from day one when I started orienting at the hospital last year, the nurse I was orienting with was a very attentive nurse who always took things seriously. She illustrated to me right off the bat

what speaking up was” (CMU Interview, 27). This same nurse related a different episode in which her trainer’s voice spread to her. She recounted, “She was my orienter, and I had two patients and she had one. So we were double teaming my two patients in a way. I said to her, ‘This kid looks sick,’ and she responded, ‘Yes, this is what we should do.’ So she was the person who said, ‘I think we need a second opinion,’ and she climbed up the chain of command. She was the one who illustrated that model for me of speaking up” (CMU Interview, 27). A different nurse who was new expressed this same idea she said, “As a new nurse, I’m always with a clinical coach right now. So, when I think of the nurses who motivate me [to speak up] it’s . . . my clinical coaches” (CMU Interview, 32). Taken together, the data suggested that an observer’s length of tenure influenced how susceptible they were to the voice of their coworkers. Across the interviews, nurses consistently reported voice contagion episodes that occurred when they were new nurses. In other words, new employees seemed more influenced by coworker’s expressions of voice compared to more seasoned employees.

Discussion of Inductive Study

The inductive portion of this research revealed a model for how employee voice can spread from speakers to observers. My grounded model includes three antecedents of the voice contagion process: (1) whether or not the expression of voice was focused on work beneficiaries, (2) the target’s response, (3) and the status of the speaker. The data also suggested that an observer’s length of tenure in their given organization influenced how susceptible they were to being influenced by their coworker’s expressions of voice (see Table 1). In other words, new employees seemed to be more influenced by

coworker's expressions of voice when compared to more seasoned employees. Put another way, a disproportionate number of the voice contagion episodes that interviewees' related occurred during their first year of working as a nurse.

While these findings develop a model of the voice contagion process that advances theoretical understanding, it is unclear what mechanisms are driving the influence of different antecedents on observer's willingness to express voice. Therefore, in a series of studies, I chose to further develop one of the voice contagion pathways identified in the inductive study. More specifically, I set out to examine the role voice efficacy plays in the relationship between a speaker's status and an observer's voice behavior. Theoretical advances are made by triangulating methodological approaches towards given research questions (Creswell, 2007). Or as Sutton and Rafaeli note, "knowledge is developed through alternating phases of induction and deduction" (1988, p. 471). Therefore, these authors argue, "when empirical observations do not confirm a theory, investigators should embark" (Sutton & Rafaeli, 1988, p. 471) on new investigations. With this in mind, I propose to combine my inductive study in the hospital setting with an experimental scenario design. By pairing these two methodological approaches together, I will be able to utilize a more diverse sample and make causal arguments about one of the voice contagion pathways. I will also be able to definitively know what mechanism is driving the affect of status on observer's willingness to express voice. In short, complimenting my inductive study with an experimental design will strengthen both the external and internal validity of my findings.

In the foregoing pages, I first discuss how the status extant literature can inform the phenomenon of voice contagion and then present a series of experimental studies,

using a scenario in their design, to test one of the contagion pathways. By employing an experimental design, I will be able to determine what mechanisms are driving the effects identified in Study 1 and in turn will be able to make a causal argument about one of the voice contagion pathways that emerged from the inductive study. Further studies to examine the other voice contagion pathways will be performed at a future date.

As previously mentioned, my analysis of the qualitative data found that that an observer's willingness to express voice is affected by the status of speakers. I chose to focus on this pathway in the second portion of my dissertation for two important reasons: (1) this was the pathway in which the most rich qualitative data emerged, and (2) this pathway offers an opportunity to address an important gap in the voice literature by building our understanding about the influence of voice efficacy and its influence on voice contagion.

CHAPTER 3

DEDUCTIVE RESEARCH METHODOLOGY

In the next portion of this dissertation, I develop a set of hypotheses that define the influence a speaker's status can have on an observer's willingness to express voice. Subsequently, I will discuss how voice efficacy plays a mediating role in this relationship. After developing these hypotheses and integrating my findings with the extant literature, I present a series of scenario studies that were carried out in order to test these hypotheses.

Hypothesis Development

Social status is defined "as the extent to which an individual or group is respected or admired by others" (Magee & Galinsky, 2008, p. 359). In essence, social status is conferred upon individuals and groups because some characteristic they possess sends signals to others indicating competence or ability in a given domain (Anderson & Brown, 2010). The personal attributes or characteristics that can confer status upon an individual range from diffuse characteristics to specific characteristics (Humphreys & Berger, 1981). Diffuse characteristics, such as an individual's age or gender, can convey competence or ability in a variety of different areas. Some scholars have labeled status

that is conferred as a result of these diffuse characteristics as ascribed status (Bowles & Gelfand, 2010). On the other hand, specific status characteristics, such as a college degree in accounting, would convey status or competence specific to tasks related to accounting (Bunderson, 2003). When specific status characteristics grant individuals status, researchers have defined this as achieved status because the status stems from characteristics individuals have earned through their own merit or work (Bowles & Gelfand, 2010).

On every level of an organization, individuals are frequently sending and receiving signals that indicate, project, and assign status. These status signals influence supervisors' perceptions of their employees as well as employees' perceptions of their work environment (Magee & Galinsky, 2008). For example, research has found that individuals are more likely to engage in discretionary behaviors such as employee voice when they have high levels of social status (Stamper & Van Dyne, 2001). Conversely, when individuals perceive they have low status, they are less likely to speak up and behave proactively (Argyris, 1985). These findings are consistent with a recent study conducted in the financial services industry, where researchers found that diffuse status cues, such as race and gender, influenced whether or not a particular employee's expressions of voice were recognized (Howell, Harrison, Burris, & Detert, 2015). More specifically, managers were more likely to recognize the voice expressions of those who had higher status (Howell et al., 2015). In a related study conducted in the hospital setting, Nehmbard and Edmondson (2006) found that employees' achieved status was directly tied to employees' perceptions of how psychologically safe they felt to express voice, meaning when individuals had higher status, they also felt safer to express voice

than their lower status coworkers.

While research has explored the influence status can have on employees' willingness to express voice, research has not explored how the status of coworkers can influence others' willingness to express voice. Furthermore, it is not clear from previous research what role status may play in facilitating the spread of employee voice between speakers and observers. In this research, I argue that observing high-status individuals express voice will increase observers' own willingness to express voice.

We know from previous research that status is often in flux and individuals are often trying to climb the social status ladder (Bendersky & Hays, 2012). While individuals are in the pursuit of status, they make judgments of their coworkers' status and may compare and compete with them (Bendersky & Shah, 2012; Tyler & Blader, 2002). In these status contests, expressing voice in organizations can be an indication of status (Owens & Sutton, 2001) because when individuals express voice they are acting despite the social costs that can be associated with speaking up. Employees typically weigh the potential risks and rewards to their image when deciding to engage in behaviors like voice (Dutton & Ashford, 1993). When an individual observes a high-status coworker express voice, it will likely change their cost benefit calculation about expressing voice. In short, when observing high-status coworkers express voice, observer's cost benefit calculation will be influenced so as to make them more likely to also express voice. This logic leads to my first two hypotheses:

H1a: Observing a high-status speaker express voice will be positively related to an observer's willingness to express voice.

H1b: Observing a high-status speaker express voice will be positively related to an observer's voice behavior.

The relationship between a speaker's status and an observer's willingness to express voice is likely not a direct one. According to social learning theory, an individual's efficacy beliefs are developed in part by observing and learning from the behavior of others (Bandura, 1986). As Bandura noted, "By observing a model of . . . behavior, an individual forms an idea of how response components must be combined and sequenced to produce the . . . behavior" (Bandura, 1977, p. 35). When observers admire and respect a coworker, they are more likely to see or choose them as models from which to learn (Manz & Sims, 1981). Because of this, employees are likely to be influenced to a greater degree by the voice behavior of high-status coworkers compared to low status coworkers (Levy, Collins, & Nail, 1998). Observers' cognitively held scripts about expressing voice may be acquired, developed, or altered as a result of observing a high-status speaker express voice (Gioia & Mansz, 1985). In particular, a high-status model may influence an observer's willingness to express voice through its influence on an observer's efficacy beliefs.

Recently a group of researchers wrote, "voice behavior requires specific abilities and skills for identifying work-related problems and expressing opinions and ideas about those problems to others in the work group" (Janssen & Gao, 2015, p.1860). Moreover, Morrison (2011) argued that efficacy beliefs influenced employees' willingness to express voice. In fact, research on ethical leadership has found that ethical leaders can enhance the confidence or efficacy beliefs of their followers (Tu & Lu, 2014). In the case of employee voice, employees' efficacy beliefs about expressing voice may be developed by observing respected others engage in it (Wood & Bandura, 1989). As mentioned previously, I define voice efficacy as an employee's belief that they have the capability to

express voice to others. When a high-status speaker expresses voice, I argue that an observer's own beliefs that they have the capability to express voice will be increased. However, I do not anticipate that observers' efficacy beliefs are necessarily the only possible mechanism through which a speaker's status influences observers' voice behavior. With the foregoing in place, I make the following predictions and present them visually in Figure 2:

H2a: The relationship between observing a high-status speaker express voice and an observer's willingness to express voice will be partially mediated by an observer's efficacy beliefs about his / her own ability to express voice.

H2b: The relationship between observing a high-status speaker express voice and an observer's voice behavior will be partially mediated by an observer's efficacy beliefs about his / her own ability to express voice.

Scenario Studies

In order to test these hypotheses, I conducted a series of scenario studies using three different samples recruited through Amazon's Mechanical Turk (M-Turk). I limited participation in each study to full-time employees in the United States by advertising the studies only for full-time employees. I defined full-time employment for the participants as anyone who works 35 hours or more per week. Additionally, I also included a question in each questionnaire asking employees if they were employed full time. Participants who

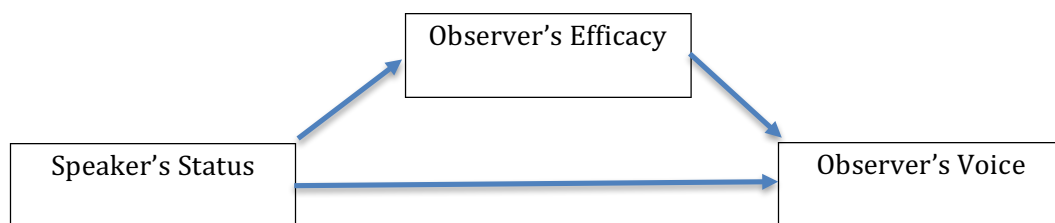


Figure 2: Hypothesized relationship between a speaker's status, observer's efficacy beliefs, and voice behavior.

responded negatively to this question were directed away from completing the scenario studies. I paid participants \$.25 for their participation in each scenario study.

In each study, participants read a voice scenario that I adapted from Fast, Burris and Bartel's (2014) managerial voice scenario study (see Appendix C). In their scenario, participants assumed the role of a manager at an airline company. In my adapted scenario, study participants assumed the role of an employee in the airline company, TravelAir, who observe a coworker express voice. More specifically, in my adapted scenario, participants were asked to imagine themselves attending an employee meeting in which customer dissatisfaction with a plethora of recently overbooked flights and rude flight attendants was to be discussed. While attending this meeting, participants imagine that they observe one of their colleagues, "Chris Anderson," express voice and make suggestions about getting rid of certain flights and being more efficient in handling direct flights to improve the situation. I deliberately developed the scenario with a gender-neutral name, Chris Anderson, so as to reduce as much as possible any gender bias that may influence the manipulation.

The empirical materials in each study were presented to participants in the following order: First, participants saw the cover page (see Appendix C). Second, participants were directed to view and read the voice scenario. Third, participants responded to a series of measures in an online survey. In each study, the same scenario was used. I first conducted a Pilot Study to ensure that the status manipulation effectively manipulated high and low status. In Study 1, I tested for the main effect that a speaker's status has on an observer's willingness to express voice. In Study 2, I tested for the mediating influence that an observer's efficacy has on the relationship between a

speaker's status and an observer's willingness to express voice. Lastly, in Study 3, I tested for the mediating influence that an observer's efficacy beliefs has on the relationship between a speaker's status and an observer's actual written voice behavior. In the foregoing, I discuss each of these studies in greater detail.

Pilot Study

I conducted a pilot study to determine whether or not the manipulations of both high and low status were effective. In the pilot study, I recruited 117 adult participants from the United States through Amazon's Mechanical Turk (M-Turk) who were each paid \$.25 for participating in the study ($N=117$). Participants were asked whether or not they were employed full-time. 24 of the 117 participants indicated that they were not employed full time. Consequently, I removed these participants' data from the sample prior to conducting my analyses. The final sample ($N=93$) was 61 % Male ($N=57$) and 39% Female ($N=36$). In terms of race, the sample was 84% Caucasian, 7% Asian, 3% African American, 3% Hispanic, and 1% Native American.

As previously mentioned, all participants were presented with the scenario at TravelAir. In the scenario, participants imagined observing Chris Anderson express voice to their manager about some issues the airline organization was facing. Approximately half of the participants were randomly assigned to the high-status speaker condition while the other half were randomly assigned to the low-status speaker condition. In order to manipulate Chris Anderson's social status, I adapted the description of the speaker in both the low-status and high-status speaker conditions from Bowles and Gelfand's (2010) status manipulation. The participants in the high-status speaker condition read the

following description about Chris Anderson: “*Chris Anderson is someone who others look up to and defer their opinion to. Chris has a lot of experience and competence.*” In contrast, those participants in the low-status speaker condition read this description of Chris Anderson: “*Chris Anderson is someone who looks up to others and defers to their opinion. Chris lacks experience and competence.*”

Results

In order to test the effectiveness of the manipulations, I conducted a one-way ANOVA with status condition dummy coded as the independent variable (high-status speaker=1, low-status speaker=0), and an overall status item as the dependent variable. More specifically, participants responded to the question “to what extent do you feel Chris Anderson has status at TravelAir” on a 7-point Likert scale with anchors ranging from 1 (Not at all) to 7 (To a very great extent). Participants in the high-status speaker condition ($M= 5.90$, $SD= .97$) recognized Chris Anderson as someone with high status. Furthermore, those participants assigned to the low-status speaker condition ($M= 3.30$, $SD= 1.41$) recognized Chris Anderson as someone with low status. Additionally, the two conditions were also statistically different from one another $F(1, 92) = 106.87$, $p < .000$. The results indicate that the status manipulation was effective and is suitable for use in future scenario studies.

Study 1: Status and Observer's Willingness to Express Voice

The purpose of Study 1 was to test Hypothesis 1a, which argues that a speaker's status would be positively related to an observer's willingness to express voice. To do this, I conducted an online scenario experiment with full-time employees in the United States. Drawing upon a power analysis with a power level of .80, an alpha level of .05, and an estimated effect size of $r=.20$, I recruited 160 adult participants through Amazon's Mechanical Turk (M-Turk). Each participant was paid \$.25 for participating in the study. Participants were asked whether or not they were employed full-time. Five of the 160 participants did not fill out the survey because they indicated they worked less than 35 hours per week. Consequently, I removed these participants from the sample prior to conducting my analyses. The final sample ($N=155$) was 54 % Male ($N=85$) and 46% Female ($N=70$). In terms of race, the sample was 74% Caucasian, 11% Asian, 6% African American, 6% Hispanic, and 1% Native American.

Manipulation

In the voice scenario that participants read, they imagined being in a meeting and observing Chris Anderson express voice to their manager about a possible solution concerning some issues the airline organization (TravelAir) was facing. In order to manipulate Chris Anderson's social status, I adapted the description of the speaker in both the low-status and high-status conditions in the same way I did in the Pilot Study. In this study approximately half of the participants were randomly assigned to the high-status speaker condition ($N=85$) while the other half were randomly assigned to the low-status speaker condition ($N=70$).

Measure

Willingness to express voice. In order to measure willingness to express voice, participants were asked to rate their agreement with the following statement: “I would be willing to express my own ideas at TravelAir” on a 7-point Likert scale with anchors ranging from 1 (Very strongly disagree) to 7 (Very strongly agree).

Results

In order to test the effectiveness of the manipulations, I conducted a one-way ANOVA with status condition dummy coded as the independent variable (high-status speaker =1, low-status speaker =0), and an overall status item as the dependent variable. More specifically, participants responded to the question “to what extent do you feel Chris Anderson has status at TravelAir” on a 7-point Likert scale with anchors ranging from 1 (Not at all) to 7 (To a very great extent). The results of the manipulation check for Study 1 were consistent with the results of the Pilot Study. Participants in the high-status speaker condition ($M= 5.72$, $SD= 1.02$) recognized Chris Anderson as someone with high status. Furthermore, those participants assigned to the low-status speaker condition ($M= 3.60$, $SD= 1.50$) recognized Chris Anderson as someone with low status. Additionally, the two conditions were also statistically different from one another $F(1, 154) = 96.02$, $p < .000$.

I list the means, standard deviations, and correlations of the study variables in Table 2. In order to test Hypothesis 1a, I conducted a one-way ANOVA testing for the main effect that Chris Anderson’s status would have on participant’s willingness to express voice. I conducted the ANOVA with status condition dummy coded as the

Table 2: Means, Standard Deviations, and Correlations

	M	SD	(1)	(2)
(1) Speaker's Status	.46	.50	-	
(2) Observer's willingness	5.46	1.30	-.17*	-

Note. $N=155$. Speaker's Status is coded as low status = 0, high status = 1

* $p < .05$

independent variable (high-status speaker=1, low-status speaker=0), and participant's willingness to express voice as the dependent variable. More specifically, participants were asked to rate their agreement with the following statement: "I would be willing to express my own ideas at TravelAir" on a 7-point Likert scale with anchors ranging from 1 (Very strongly disagree) to 7 (Very strongly agree). The results indicated that those assigned to the low-status speaker condition were significantly more willing to express voice ($M=5.70$, $SD=1.35$) than participants in the high-status speaker condition ($M=5.20$, $SD=1.20$) $F(1, 154) = -4.98$, $p = .02$. However, the results were in the opposite direction of what I had hypothesized. Those in the low-status speaker condition were more willing to express voice than those in the high-status speaker condition (see Figure 3). Therefore, I did not find support for Hypothesis 1a.

Discussion

The results from Study 1 did not support Hypothesis 1a. In fact, the results of the analysis indicated that observers were more willing to express voice when they observed a low-status speaker express voice compared to a high-status speaker. This was counter to my prediction. It may be that observing a low-status speaker express voice increased observers' perceptions that they had the ability to express voice and that it was safe to

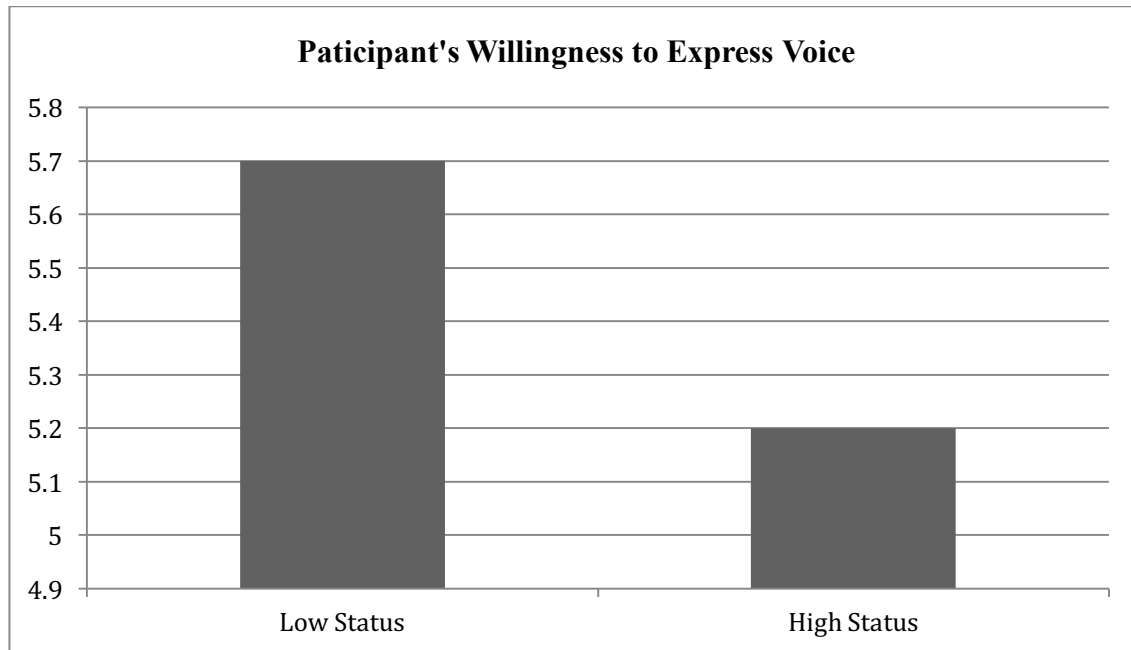


Figure 3: How willing to express voice observer's reported being when observing either high-status or low-status speakers express voice.

express voice. I further explore this and other alternative explanations in the general discussion. These results, namely, that observing a low-status speaker express voice predicted observer's willingness to express voice does not necessarily speak to the mediating role that observer's efficacy beliefs, may play in the relationship between a speaker's status and an observer's voice. This mediation relationship is the topic of Study 2 and 3. More specifically, in Study 2 and Study 3, I will again test for the main effect that a speaker's status has on an observer's willingness to express voice and on their voice behavior. In addition, I will also test for the potential mediating role that observers' voice efficacy may play in the relationship between a speaker's status and observers' willingness to express voice.

Study 2: Status, Observer's Efficacy Beliefs, and Willingness to Voice

In Study 2, I tested the mediating role of an observer's voice efficacy on the relationship between a speaker's status and an observer's willingness to express voice. I again conducted an online scenario experiment using the same voice scenario that was used in Study 1. In this study, I also tested for the main effect of a speaker's status on an observer's willingness to express voice to determine if the results from Study 1 would be replicated. The empirical materials were presented to participants in the following order: first, I manipulated speakers' status; next, I measured the mediating variable voice efficacy; third, I measured the dependent variable, namely an observer's willingness to express voice; lastly, participants responded to some demographic questions as indicated in Appendix C.

Full-time employees in the United States were recruited to participate in the experiment. Drawing upon a power analysis with a power level of .80, an alpha level of .05, and an estimated effect size of .20, I recruited 150 adult participants through Amazon's Mechanical Turk (M-Turk). Each participant was paid \$.25 for participating in the study. Twenty-three of the 150 participants indicated that they were not employed full time. Consequently, I removed these participants' data from the sample prior to conducting my analyses. The final sample ($N=127$) was 48 % Male and 52% Female. In terms of race, 72% of the participants were White, 10% Hispanic, 10% African American, 6% Asian and 2% were unidentified. The same manipulations used in Study 1 were also used in Study 2. Approximately half of the participants were randomly assigned to the high-status speaker condition while the other half were randomly assigned to the low-status speaker condition.

Measures

Willingness to express voice. To measure participant's willingness to express voice, I assessed participant's agreement with the identical measure used in Study 1. On a 7-point Likert scale (1=strongly agree, 7=strongly disagree), participants indicated to what extent they were "willing to speak up about my own ideas at TravelAir".

Voice efficacy. In order to measure participant's voice efficacy in both Studies 2 and 3, I adapted and used a four-item measure used by Morrison, Wheeler-Smith, and Kamdar (2011). Participants indicated the extent to which they felt they could *effectively* do each of the following at the airline organization TravelAir: (1) "develop and make recommendations concerning the issues that affect TravelAir"; (2) "speak up and encourage others at TravelAir to get involved in issues that affect the organization"; (3) "communicate your opinion about the issues raised about TravelAir to others even if their opinion is different and they disagree with you"; (4) "speak up at TravelAir with ideas for new projects or changes" (1= strongly agree, 7= strongly disagree). The Chronbach's alpha for the 4 Voice Efficacy items was .92.

Results

In order to test the effectiveness of the manipulations, I conducted a one-way ANOVA with status condition dummy coded as the independent variable (high-status speaker =1, low-status speaker =0), and an overall status item as the dependent variable. Identical to Study 1, participants responded to the question "to what extent do you feel Chris Anderson has status at TravelAir" on a 7-point Likert scale with anchors ranging from 1 (Not at all) to 7 (To a very great extent). Participants in the high-status speaker

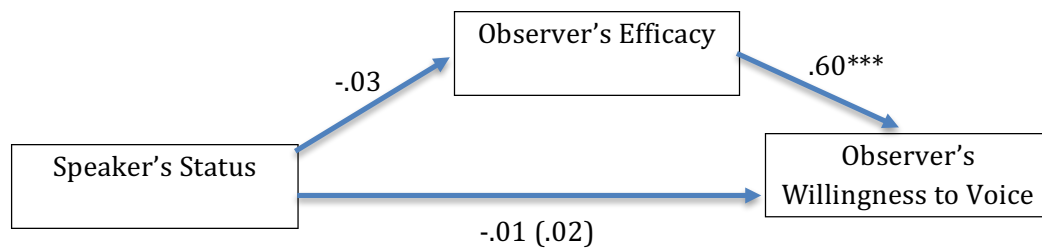
condition ($M= 5.53$, $SD= 1.16$) recognized Chris Anderson as someone with high status. Furthermore, those participants assigned to the low-status speaker condition ($M= 3.75$, $SD= 1.29$) recognized Chris Anderson as someone with low status. Consistent with both the Pilot Study and Study 1, the two conditions were also statistically different from one another $F(1, 126) = 61.25$, $p < .000$.

The means, standard deviations, and correlations between a speaker's status, observer's efficacy beliefs, and an observer's willingness to express voice are listed in Table 3. In order to test Hypotheses 1a and 2a, I conducted a regression analysis where I included status condition, dummy coded as the independent variable (high-status speaker =1, low-status speaker =0), and participants' willingness to express voice as the dependent variable. Results reveal that status of the speaker did not have a significant effect upon participants' willingness to express voice, $r=.17$, $R^2=.03$, $B=.07$, $SE=.17$, $t(127)= .43$, $p=.66$. Therefore, I did not find support for Hypothesis 1a in Study 2. For Hypothesis 2a, I tested the mediating relationship that a speaker's status may have with an observer's efficacy beliefs and their willingness to express voice. These results were also not significant, $r=.005$, $R^2=.00$, $B=-.01$, $SE=.21$, $t(127)= -.06$, $p=.94$. Using Hayes' (2012) PROCESS macro to test the indirect effect of status on an observer's willingness to express voice, 5,000 bootstrap iterations generated a 95% confidence interval that included zero, $[-.28, .26]$. Because the confidence interval includes zero, these results indicated that participant's efficacy beliefs did not mediate the relationship between a speaker's status and observer's willingness to express voice (see Figure 4). However, the relationship between an observer's efficacy beliefs and their willingness to express voice was significant $B=.63$, $SE=.07$, $t(127)= 8.17$, $p=.000$. In order for

Table 3: Means, Standard Deviations, and Correlations

	<i>M</i>	<i>SD</i>	(1)	(2)	(3)
(1) Speaker's Status	.56	.50	-		
(2) Voice Efficacy Beliefs	5.21	1.20	-.03	-	
(3) Willingness to Express Voice	5.47	1.19	.02	.60*	-

Note. $N=127$. Speaker's status is coded as low-status speaker = 0, high-status speaker = 1



Note. $N=127$. All values are unstandardized regression coefficients. The value in parentheses represents the coefficient before the mediator was included in the model.

*** $p < .000$.

Figure 4: Mediation Model Results

mediation to be achieved, Baron and Kenny (1986) argue that there are four conditions that must be satisfied: “(1) the total effect of X on Y must be significant, (2) the effect of X on M must be significant, (3) the effect of M on Y must be significant, and (4) the effect of X on Y controlled for M must be smaller than the total effect of X on Y ” (Fritz & Mackinnon, 2007, p. 235). In my analyses, only one of the four conditions was met; therefore, I did not find support for Hypothesis 1a or 2a.

Discussion

The results from Study 2 did not support Hypothesis 1a or 2a. Furthermore, the results in this study did not replicate the results found in Study 1. It does not appear that observing a high-status speaker express voice influenced either observer's willingness to express voice or their efficacy beliefs about their ability to express voice. However, even though there was no support in this study for the mediation model when using observer's willingness to express voice as the dependent variable, the mediation model may find support when participants have the opportunity to engage in actual voice behavior. An individual's willingness to engage in a specific behavior and actually performing the behavior can be very different. Therefore, in Study 3, I test the entire mediation model including voice behavior as the dependent variable.

Study 3: The Full Mediation Model With Voice Behavior

In Study 3, I set out to test the full mediation model with a speaker's status, an observer's efficacy beliefs, and an observer's voice behavior. To do this, I conducted an online scenario experiment with full-time employees in the United States. Study 3 is different from Study 2, however, in that I provide participants with an opportunity to make a decision of whether or not they would like to express voice and then give them an opportunity to write what they would like to express. Such was not the case in Study 2. Similar to Study 2, the empirical materials in Study 3 were presented to participants in the following order: first, I manipulated speakers' status; second, I measured the mediating variable voice efficacy; third, I measured the dependent variable namely observers' decision to express voice; lastly, participants responded to some demographic

questions as indicated in Appendix C.

Drawing upon Fritz and Mackinnon's (2007) suggestions for sample size when testing for mediation effects, I recruited 187 adult participants through Amazon's Mechanical Turk (M-Turk). Each participant was paid \$.25 for participating in the study. Of the 187 participants I recruited, 47 were not employed full time and these data were removed before conducting the analyses.² The final sample ($N=140$) was 47 % Male and 53% Female. In terms of race, 74% of the participants were White, 8% Asian, 6% Hispanic, 6% African American, 2% American Indian, 1% Pacific Islander, and 3% were unidentified.

Identical to Study 1 and 2, all participants were presented with the scenario at TravelAir. In the scenario, participants imagined observing Chris Anderson express voice to their manager about a possible solution concerning some issues the airline organization was facing. Again, approximately half of the participants were randomly assigned to the high-status speaker condition while the other half were randomly assigned to the low-status speaker condition.

Measures

Voice efficacy. In order to measure participant's voice efficacy, I again used the identical four-item measure I used in Study 2, which was adapted from Morrison, Wheeler-Smith, and Kamdar (2011). The Chronbach's alpha for the four voice efficacy items was .95.

Observer's voice behavior. To measure participant's voice behavior in Study 3, I

² When running the analyses while including the sample participants who were dropped, the pattern of results remains the same.

asked participants, “Would you like to make any suggestions or share any ideas with your manager?” (Yes =1, No = 2). If the participants answered “No,” they were linked to an open-ended question that asked them, “Please indicate why you did not want to share any ideas with your manager.” If participants answered, “Yes,” they were linked to an open-ended question that asked them, “Please write what thoughts or ideas you would like to share with your manager.”

Results

I used the same manipulations of a speaker’s status in Study 3 as were used in both Study 1 and Study 2. In order to test the effectiveness of the manipulations, I conducted a one-way ANOVA with status condition dummy coded as the independent variable (high-status speaker =1, low-status speaker =0), and an overall status item as the dependent variable. More specifically, participants answered the question, “To what extent do you feel Chris Anderson has status at TravelAir?” on a 7-point Likert scale with anchors ranging from 1 (Not at all) to 7 (To a very great extent). Participants in the high-status speaker condition ($M= 5.80$, $SD= .97$) recognized Chris Anderson as someone with high status. Furthermore, those participants assigned to the low-status speaker condition ($M= 4.06$, $SD= 1.59$) recognized Chris Anderson as someone with low status. Consistent with all of the previous studies, the two conditions were also statistically different from one another $F(1, 140) = 53.26$, $p < .000$.

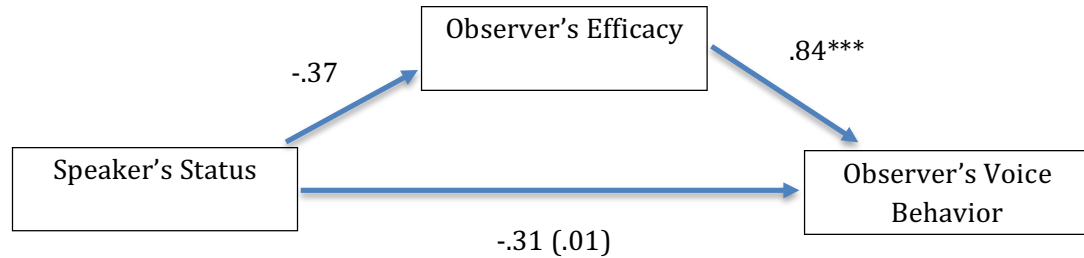
In order to test Hypotheses 1b and 2b, I conducted a logistic regression analyses. In these analyses, I included status condition dummy coded as the independent variable (high-status speaker =1, low-status speaker =0), and participant’s decision to engage in

voice as the dependent variable (Yes=1, No=0). Status condition did not have a significant relationship with participants' decision to engage in voice behavior; CoxSnell=.21, $B=.01$, $SE=.45$, $z(140)=.01$, $p=.98$. For Hypothesis 2b, I tested the mediating relationship that voice efficacy may have with a speaker's status and an observer's decision to engage in voice behavior using Hayes' (2012) PROCESS macro. The relationship between status and an observer's efficacy beliefs was not significant, $r=.14$, $R^2=.02$, $B=-.37$, $SE=.25$, $t(140)=-1.50$, $p=.13$ (see Table 4). The same was true for the indirect effect of status on an observer's voice behavior. 5,000 bootstrap iterations generated a 95% confidence interval that included zero, $[-.81, .10]$, indicating that efficacy beliefs did not significantly mediate the relationship. However, consistent with Study 2, observer's efficacy beliefs were once again significantly related to observer's decision to express voice. Taken together, the results did not support Hypothesis 1b or 2b (see Figure 5).

Table 4: Means, Standard Deviations, and Correlations

	<i>M</i>	<i>SD</i>	(1)	(2)	(3)
(1) Speaker's Status	.49	.50	-		
(2) Voice Efficacy Beliefs	5.10	1.45	-.12	-	
(3) Decision to Express Voice	.74	.44	-.07	.49***	-

Note. $N=140$. Speaker's status is coded as low-status speaker = 0, high-status speaker = 1



Note. $N=140$. All values are unstandardized regression coefficients. The value in parentheses represents the coefficient before the mediator was included in the model.

*** $p < .000$.

Figure 5: Full Mediation Model Results

Discussion

The results from Study 3 did not support the hypothesized mediation model. The results of Study 3, combined with the results of Study 1 and Study 2, paint a complicated picture of the relationship between a speaker's status and an observer's voice behavior and are not at all conclusive. Perhaps most complicated of all was the lack of consistency across the study results in assessing the relationship between a speaker's status and an observer's willingness to express voice. Study 3 was strengthened by the addition of a measure to assess actual voice behavior instead of just participants' willingness to express voice. However, the results for Study 3 were also not consistent with the results in Study 1. One important contribution that Study 2 and Study 3 intimate is the consistent positive relationship between an observer's efficacy beliefs and their willingness to express voice. In light of the robustness of this finding across the three studies, this is perhaps the greatest contribution of this study.

CHAPTER 4

GENERAL DISCUSSION AND CONCLUSION

The intent of this dissertation was to expand our understanding of employee voice and its social dynamics. Drawing upon social comparison theory (Festinger, 1954), I have argued that employee voice can spread from speakers to observers both directly and indirectly. To introduce the concept of voice contagion, I conducted an inductive study among nurses in the hospital setting. Using a grounded theory approach, I conducted 40 semistructured interviews, made extensive site visits, completed multiple unobtrusive observations, and attended several meetings to develop a model of the voice contagion process. The model that emerged from the data revealed three broad antecedents of voice contagion: (1) a speaker's status, (2) content focused on work beneficiaries, and (3) a target's response. Furthermore, the data also suggested several mediators that seemed to drive the effect of these respective antecedents on observer's willingness to express voice, including voice efficacy, voice legitimacy, message relevance, and psychological safety. Moreover, the data from the inductive study also indicated that organizational newcomers were more susceptible to voice contagion episodes than seasoned employees. Overall, the inductive study highlighted the inherently social nature of employee voice and the unique perspective of observers in voice episodes.

To augment and extend the inductive study, I also carried out a series of scenario studies to test the causal path of one of the voice contagion pathways, specifically the influence that a speaker's status has on observers' efficacy beliefs and their willingness to express voice. I chose to further explore this pathway in the scenario studies because the inductive study provided rich support for examining its impact. Additionally, this pathway enabled me to explore the influence of efficacy beliefs on employee voice, an area of research that previously had been understudied.

In the deductive portion of this dissertation, I conducted three studies. In Study 1, I tested for the main effect of a speaker's status and its influence on an observer's willingness to express voice. The results indicated that observing a low-status individual express voice was significantly and positively related to an observer's willingness to express voice. In Study 2, I tested the mediating role that efficacy might play in the relationship between a speaker's status and an observer's willingness to express voice. Unfortunately, the results did not support my predictions regarding the mediating mechanisms and, moreover, the pattern of results for the main effect, status affecting willingness to express voice, observed in Study 1 was not replicated in Study 2. Lastly, in Study 3, I tested for the mediating role that an observer's efficacy beliefs might play in the relationship between a speaker's status and an observer's actual voice behavior. Here again, the results did not support my predictions and no significant relationships were found. Despite the lack of support for the main effect for my hypotheses in the deductive part of this dissertation, the inductive study combined with the insight for future research that resulted from the deductive studies make some important theoretical contributions and establish a rich basis upon which to build future voice research. I turn now to discuss

these contributions further.

Theoretical Contributions

The ultimate purpose of this research was to advance theory about employee voice. By introducing the concept of voice contagion and by focusing on the observer's perspective in voice episodes, this research advances our understanding of the complexity and social context of voice episodes. More specifically, this research makes three important contributions to the employee voice literature.

First, this research highlights the importance of considering the observer's perspective within voice episodes. Consistent across the interviews from the inductive study, interviewees readily recalled episodes wherein they observed another coworker express voice that in turn motivated them to express voice. In fact, of the 40 nurses I interviewed, all but 4 of them were able to recall a specific instance where they expressed voice as a result of observing another speaker express voice. Previous research on employee voice has only attended to the perspective of speakers and or targets of voice (Burris, 2012; Fast, Burris, & Bartel, 2014). This is the first study I am aware of that directly explores the perspective of an observer. The grounded model of voice contagion extends our understanding of how observers are influenced by the voice behavior of their coworkers. For example, in one of the voice contagion pathways, voice spreads from speakers to observers as a result of a target's positive response to an expression of voice. In other words, when managers or other targets of voice respond to an immediate expression of voice, they are also indirectly influencing the likelihood that observers will express voice. The implication of this is that the way managers respond to what may

appear to be inconsequential or unimportant suggestions or ideas will reverberate to observers and influence their willingness to express voice.

Second, this research demonstrates that voice efficacy is an important factor that influences whether or not individuals will express voice. For example, employees may be hesitant to express voice when they do not have confidence in their ability to express it. The data from the inductive study found robust support for the importance of efficacy beliefs on observer's willingness to express voice. Likewise, in the deductive portion of the dissertation, observer's efficacy beliefs played an important role in determining whether or not observers were willing and actually chose to engage in voice behavior in both Study 2 and Study 3. We know from previous research that the way voice is expressed influences others (Dutton, Ashford, O'Neill, Hayes, & Wierba, 1997). More specifically, when employees try to sell issues to upper management, a number of effective ways to express these issues have been identified. For example, developing a coalition, attaching an issue to an organization's mission, and the timing of a message are all tactics that have been identified to affect how messages are received (Dutton, Ashford, O'Neill, & Lawrence, 2001). This dissertation builds and augments this previous research by demonstrating that an individual's belief that they can deliver ideas effectively is a key component of their decision to express voice. As I noted in the findings of the inductive study, one nurse I interviewed described how observing her coworker express voice influenced her when she said, "After . . . I realized *we can* go up the chain of command and *we can* voice our concerns . . . that was something that *inspired me*" (CMU Interview, 14). This is important because efforts to improve employee's willingness to express voice have focused largely on improving their perception that it is safe to do so.

However, this dissertation suggests that although feelings of safety are critical, they are not enough. Employee's belief that they have the ability to express voice is also an important factor.

Lastly, this research suggests a new dimension of voice behavior, illustrating that voice is not only a deliberate and planned behavior but also can be reactive and spontaneous, a behavior that is driven not only by the mind but also by the heart. One nurse I interviewed in the inductive study described voice that was more reactionary or spontaneous. As noted in the findings from the inductive study, after observing another nurse express voice, one nurse related, "She was concerned for the patient. She recognized the symptoms and knew something was wrong and she spoke up about it and she wasn't afraid to keep pushing for the patient. Because several times she got denied . . . But she was persistent about it, and was like 'No. Something is wrong and something has got to be done' . . . And I felt like if she is willing to stand up to the doctors then I should be willing to stand up to the doctors too" (CMU Interview, 18). Furthermore, we know from previous research the importance of understanding the spontaneous nature of employee behaviors (George & Brief, 1992; George & Jones, 1997; Katz, 1964). In fact, Katz (1964) argued that organizations which depend "solely upon . . . blueprints of prescribed behavior . . . [are] fragile social system[s]" (p. 132). This is in part because such organizations cannot adequately adapt to dynamic and changing environments (Katz, 1964; Katz & Kahn, 1978). The data from the inductive study described voice contagion as a process that can elicit this spontaneous or reactive form of voice from observers, specifically when speakers were focused on the beneficiaries of their work.

Often, employees may express voice spontaneously or reactively upon observing

a particular circumstance that prompts an immediate response. In some cases, observers may express voice because they have witnessed the voice behavior of coworkers, as is the case in some voice contagion episodes. When an employee expresses voice immediately and spontaneously in situations like these, the inherent value in their expression was not something that was calculated and weighed against the potential costs associated with speaking up as has been largely assumed in the employee voice literature (Morrison, 2014). Rather, in these situations, voice emerges more as an emotional response than merely a cognitive decision. The examples mentioned throughout this dissertation of nurses passionately advocating for a patient demonstrates this type of voice. Previous research has not attended sufficiently to this form of voice behavior. This research contributes to the literature on employee voice by highlighting that expressions of voice often spontaneously emerge rather than only deliberately occurring.

Limitations and Future Directions

Although this research has several notable strengths, there are also several limitations that should be noted and addressed in future research. First, the qualitative data presented in this dissertation were only collected from one hospital unit, thus limiting the generalizability of the results. This may, in fact, have been one reason why the scenario studies did not elicit a consistent desire to express voice; the work at a travel agency may not provide the same call to action for experimental participants as a pediatric unit does for nurses. Future research should examine the construct of voice contagion in settings other than the hospital setting. Some examples may include financial service firms, technology firms, manufacturing organizations, and universities.

It remains to be seen if voice contagion will occur in contexts like these where the stakes may not be as high as they are in hospital work. In such cases, coworker's expressions of voice may be less salient to observers and therefore, voice contagion may be less likely to occur.

Turning to the deductive studies, one limitation that should be noted is the recruitment of participants' through M-Turk. Recently, scholars have criticized the use of M-Turk as a participant pool because there is some evidence that the subject pool is not large enough or diverse enough to be used as widely as it is. More specifically, some have recently argued that subjects may be recirculated through studies because there are not enough participants to prevent this from happening with the number of studies that use M-Turk (Bohannon, 2016). Furthermore, the participants in M-Turk are not as diverse as was previously thought by researchers. In fact, the participant pool is quite homogenous and members of it are more likely to be younger, more liberal, urban, and single than the average American (Bohannon, 2016). Both of these issues may have biased the results of Studies 1, 2, and 3.

Another limitation that should be noted is the sequence of the studies themselves. In retrospect, the flow of the studies may not have been as optimal as intended. For example, given that the hypothesized main effect a speaker's status would have on an observer's willingness to express was not found in Study 1, it may not have been prudent to test for the mediating effect efficacy could have on this relationship in Studies 2 and 3. Furthermore, because the main effect for status on voice was not supported as hypothesized, it may have been prudent to investigate whether or not a different status manipulation should have been used. In future research, these considerations should be

taken into account.

Another limitation of this research and a factor that may have contributed to the nonsignificant results is the hypothetical nature of the scenario studies. This could have created two potential limitations. First, the hypothetical nature of Studies 1, 2, and 3, may have limited participant's ability to experience the real dynamics involved in the voice contagion process as they exist in real organizations. For example, the scenario studies placed temporal constraints on participants that are very different from organizational life. Employee voice is an inherently social phenomenon that emerges in organizations as individuals interact and coordinate work with one another. The accumulations of these real, dynamic, experiences in the voice contagion process were not likely captured in the hypothetical scenario studies. Second, the hypothetical nature of the deductive studies may have produced inaccurate results because individuals' predictions of what they would do hypothetically are often very different from how they actually behave (Diekmann, Tenbrunsel, & Galinsky, 2003). Previous research indicates that this happens in large measure because individuals construe hypothetical scenarios differently than when they actually experience such scenarios in real settings (Tenbrunsel, Diekmann, Wade-Benzoni, & Bazerman, 2010). In the case of voice contagion, therefore, participant's predictions of how willing and efficacious they would be to express voice were likely different than their actual willingness to express voice had they observed a coworker express voice in an organizational setting. Taken together, this suggests that the best way to explore voice contagion may be through field studies rather than through an experimental paradigm. This points to the need for future research to explore voice contagion in contexts where the real dynamics of voice contagion can be observed and

measured.

An additional drawback of the scenario studies was that I relied upon self-report ratings of both voice efficacy and voice. In Study 2 and Study 3, I used a self-report measure of voice efficacy. While this measure was the only measure of voice efficacy previously used in the literature (Morrison et al., 2011), it may not have been an appropriate choice for a measure, given that it had only been used previously in field settings and I was using it in an experimental paradigm. Furthermore, I also relied upon self-report ratings of voice. Previous research has demonstrated that self-report ratings of voice can sometimes be inaccurate. In fact, research has found that self-report ratings of voice and managerial ratings of voice can be quite different from one another and sometimes yield divergent results (Burris et al., 2013). Future research could explore the voice contagion process by relying upon more appropriate measures, such as managerial ratings of voice. In doing so, scholars could explore voice contagion from both a managerial perspective and a speaker's perspective as opposed to just an observer's perspective. In this way, future research would begin to explore not only how the *behavior* of voice spreads between coworkers, but also how the *content* of voice spreads between coworkers. Exploring voice contagion from all perspectives would allow scholars to address how a single voice contagion episode grows into a movement.

Turning to areas for future research, scholars could begin to empirically test the two remaining voice contagion pathways that emerged from the inductive study. More specifically, scholars could test (1) the role that a target's response has in the voice contagion process and (2) the role that a focus on workplace beneficiaries plays in the spread of voice. The inductive study also provided some indication that employees were

more susceptible to be influenced by the voice of others when they were newcomers to their organizations. For example, in the inductive study, a majority of the voice contagion episodes interviewees recalled occurred when they were newcomers to their organizations. Future research should consider further whether or not voice spreads between seasoned employees and organizational newcomers differently, whether the status as a newcomer makes one be more attuned to voice episodes, or other complementary explanations.

Another area for future research suggested by this dissertation is exploring voice as a spontaneous behavior. To do this, scholars could explore how the element of time relates to expressing voice. For example, future research could explore the amount of time an employee deliberates about speaking up before choosing to do so. The time speakers take can vary from episode to episode. In one episode, an employee may deliberately plan out exactly what they will say, how they will say it, when they will say it, and to whom. In another instance, this same employee may be prompted in the course of a group discussion to offer an idea to their boss in the moment with little forethought. In my inductive study, for example, there were many cases where nurses made on the spot, spontaneous decisions to express voice in real time. These included cases where nurses expressed an idea immediately about how to help a patient. Future research should explore the element of time in expressing voice and how it might inform decisions about the spontaneous form of voice.

Conclusion

Drawing upon social comparison theory, this research demonstrates that employees often observe and learn from the voice behavior of their coworkers “to decide how they themselves should act” (Cialdini, 2001, p. 119). More specifically, this dissertation developed a grounded model of the voice contagion process and illustrates the conditions under which employee voice can spread between speakers and observers. Voice contagion involves the status of speakers, the content of what speakers convey, and the response provided by targets. In developing this grounded model, this research also introduces efficacy as an important mediator in the voice contagion process and highlights the important role that observers have in voice episodes. The findings from the inductive study informed the quantitative results and provided additional perspective on the roles that context, timing, and tenure have in the voice contagion process. While the quantitative results were not conclusive, they nonetheless broaden our understanding of employee voice and suggest fruitful avenues for future investigations.

APPENDIX A

EMAIL INVITATION TO PARTICIPATE

Email address: varied by employee

Subject line: Research Project- The Meaning of Your Work

Dear [Employee Name],

My name is Alex Romney and as you may recall, I am PhD student at the University of Utah partnering with PCMC in a research project about workplace communication. I would love to be able to interview you for 30-60 minutes about what experiences you have had at work communicating your ideas. This research project is very important and can help glean important insights for your department. All of your answers will be kept completely confidential and at no time will any other employees see your responses. In addition, your participation is completely voluntary. If you have any questions or concerns about any of this please do not hesitate to contact me. Once again I hope you will choose to participate in an interview. I am happy to meet at your convenience either in person or over the phone. I look forward to hearing back from you.

All my best,

Alex Romney

APPENDIX B

INTERVIEW GUIDE

Introduction:

- Introduce myself explain a little background about myself.
- Explain why I am here conducting interviews.
- Discuss how much time the interview will last.
- Have consent form completed.

Questions to build rapport:

- How are you doing today?
- Tell me a little about yourself. Where are you from? Ask other rapport building questions that naturally stem from conversation.

Topic: Coworkers voice and its influence

Question 1: Can you describe in detail a time when you spoke up at work about something, as a result of either observing or hearing about someone else who spoke up at work?

- Probe 1: How did learning about someone else speak up at work make you feel?
- Probe 2: As you reflect upon this experience, did learning about another person speaking up motivate you to speak up? If so, why do you think this was the case?

- Probe 3: Do you think your relationship with the person influenced you to also speak up? If so, in what ways?
- Probe 4: How would you describe the speaker in the voice episode you learned about? What are their most distinguishable characteristics?
- Probe 5: What can you tell me about the content of what the speaker communicated? How do you think this influenced you to speak up or to remain silent?

Question 2: In your current job can you describe an experience when you learned that one of your coworkers spoke up at work and then you subsequently spoke up in part because of them?

- Probe 1: How did this experience make you feel?
- Probe 2: As you think back, what was it in your coworker's behavior that motivated you to speak up?

Question 3: In your current job have you seen or heard about one of your coworkers speak up which in turn led another coworker to subsequently speak up?

- Probe 1: How did this experience make you feel?
- Probe 2: How did witnessing this influence you?

Question 4: In your experience has voice spread in work units you are a part of?

- Probe 1: Do personal characteristics of another person who you learn has spoken up influence whether or not you will also speak up? If so, in what ways?
- Probe 2: Do the tactics a coworker uses to voice influence whether or not you will also engage in voice behavior?
- Probe 3: Do the targets of another person's voice behavior influence whether or not you will also offer voice?
- Probe 5: Does your leader's behavior influence whether or not your coworkers voice will influence you? If so, in what ways? Can you provide specific examples?

Question 5: Are there any other comments you want to share about speaking up at work?

- Is there anything else you would like to share about how voice spreads in your unit? Or your observations of other people's voice?
- Ask other relevant questions to further understand the voice contagion process.

APPENDIX C

SURVEY QUESTIONNAIRE

Study 1

Cover Page

In the following pages you will be asked to imagine that you are employed by an airline organization named TravelAir. You will be asked to read a scenario and then respond to several questions about your feelings about workplace communication. In addition, you will be asked to answer several demographic questions. Please try to imagine, as vividly as you can, that you are actually living the experience as you read the scenario and then answer each of the questions.

Scenario Instructions

As you read the following scenario imagine that you are employed by TravelAir, an airline company that services flights throughout the United States. TravelAir has serviced flights throughout the United States for 15 years. You are employed by TravelAir.

Scenario at TravelAir

For the past year, there have been increasing complaints from TravelAir's customers. The complaints center on two areas. First, the planes are overbooked during the morning and evening rush hours. Consequently, some passengers are bumped and have to wait for

other planes with available seating. Second, some of the flight attendants have been described as rude. They often yell at customers to hurry up or find a seat. However, the flight attendants indicate that they are simply instructing the passengers to sit down so that they can keep on schedule. To try to address these issues, your maintenance manager asked each of you to think about and develop different ideas for how to address the increase in complaints and the continuing losses. Having spent a month studying the routes, interviewing passengers, and analyzing the passenger loads on each flight, your manager has distributed information to all employees about possible ways the issues could be addressed. He has called a meeting where he wants to get your feedback on four possible opportunities: (1) the possibility of having contingency plans for when planes are delayed or customers are bumped from flights, (2) partnering with other airport services to provide added value to customers, (3) restructuring routes, and (4) changing maintenance schedules. You are coming to the meeting and before it begins you have thought about communicating some ideas you have had about how to improve customer's experience. More specifically, you have thought about the possibility that TravelAir could develop a care package for those passengers that are bumped from a flight. When passengers are bumped the airline could partner with the Airport's restaurants and massage center to provide a complimentary meal and or a massage while the passengers wait to be added to another flight. Additionally, you think that TravelAir could reduce how much they overbook flights while also providing rewards to customers who do not miss flights. In this way, you think customers will be incentivized not to miss a flight and the airline will be able to still ensure flights are at or closest to full capacity. However, before the meeting begins you decide to wait things out and see how the meeting goes

before you decide whether or not to speak up. The meeting begins and Chris Anderson communicates an idea. (Insert speaker status manipulation). Chris proceeds to explain to everyone that your company could be more efficient by serving more direct route flights between cities. By taking some planes off of existing routes your company could serve the new direct flights and perhaps operate with less planes while still satisfying all necessary flights. Chris concludes by stating that such an approach would help TravelAir be successful and address the issues that are affecting the organization. After you observe Chris share these ideas, your manager asks if anyone else would like to share their ideas?

Demographic Questionnaire

1. Are you employed full time (Yes= 1, No = 2).
2. To what extent do you feel Pat Andersen has status in the organization (5 point Likert scale, 1=to a small extent, 5=to a very large extent).
3. To what extent did you feel you were an experienced employee in the company / newcomer in the company (5 point Likert scale, 1=to a small extent, 5=to a very large extent).
4. To what extent do you feel you could effectively do each of the following at TravelAir: (1) "develop and make recommendations concerning the issues that affect TravelAir"; (2) "speak up and encourage others at TravelAir to get involved in issues that affect the organization"; (3) "communicate your opinion about the issues raised about TravelAir to others even if their opinion is different and they disagree with you"; (4) "speak up at TravelAir with ideas for new projects or changes" (5 point Likert scale, 1= strongly agree, 5= strongly disagree).

5. Communicating my own ideas about how to improve TravelAir is on my mind (5-point Likert scale, 1=strongly agree, 5=strongly disagree).
6. I am very aware that I can express my own opinion about things that could help TravelAir (5-point Likert scale, 1=strongly agree, 5=strongly disagree).
7. Please indicate the extent to which you feel you ought to do each of the following at TravelAir: (1) "develop and make recommendations concerning the issues that affect TravelAir"; (2) "speak up and encourage others in TravelAir to get involved in issues that affect the organization"; (3) "communicate your opinion about the issues raised about TravelAir to others even if their opinion is different and they disagree with you"; (4) "speak up in TravelAir with ideas for new projects or changes" (5 point Likert scale, 1= strongly agree, 5= strongly disagree).
8. I would be willing to speak up about my own ideas at TravelAir (5 point Likert scale, 1= strongly agree, 5= strongly disagree).
9. I would be likely to express my own ideas to others at TravelAir (5 point Likert scale, 1= strongly agree, 5= strongly disagree).
10. How many years/months have you worked in your current job?
11. What is your age?
12. What is your gender? Male (1) Female (2)
13. What is your race/ethnicity? African American (1) White / Anglo American (2) Asian American (3) Hispanic American (4) Native American (5) Other (6)
14. What industry do you work in? (Open ended)

15. Would you make any suggestions or share any ideas with your manager? (Yes =1, No = 2)
16. Please write why you decided not to share any ideas with your manager? (Open ended)
17. Please write what thoughts or ideas you would share with your manager (Open ended)

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